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ADDRESS IN MEDICINE.

BY

C. BARHAM, M.D.CANTAB.,

PHYSICIAN TO THE CORNWALL INFIRMARY, TRURO.

ON CLIMATE, IN SOME OF ITS MEDICAL ASPECTS.

THE annual meeting of this Association should be a professional holiday. It should be a holiday; entered on, like the holidays of our youth, with an easy spirit, and a determination to enjoy ourselves with our friends; the cares of our ordinary life should be thrown aside, together with the harness of our ordinary work. But it should be a professional holiday; the sources of enjoyment should be more or less professional. The social happiness of these days is that of meeting old medical friends, or making new; the pleasant excitement of discussion is called forth by medical politics; and the ideas which are to engage the understanding belong directly or indirectly to medical art or science.

It has appeared to me that the greatest of all the benefits to be derived from this Association, and especially from these yearly musters of its forces, is the feeling of professional union and strength. The medical man is necessarily for the most part a solitary agent; the best he can commonly look for is to avoid collision. Such a condition would naturally generate a painful selfishness; and a greater boon could not be bestowed on such a being than the opportunity of realising amid a large assembly of fellow workers, among whom no rivalry with himself can exist, that he is not a mere monad, imbibing support as best he may from the contracted medium in which he usually lives, but an integral part of a great body, the sympathies of which he is entitled and welcome to participate.

On the intellect, also, the course of absorbing business in which we are engaged has something of a cramping influence. From day to day, and from noon till night, we are, like the watchmaker, directing the lens to the minute workings of the microcosm; carefully examining the cogs of every wheel; brushing off the dust from this part, and supplying oil to that; permitted only at rare intervals to take from our eye the glass, which, while it makes the little great, prevents our seeing more than a very limited portion of the machine we are operating on, and yet more effectually shuts us out from the world around.

If, then, the sense of union with a great congregation, like this, of professional brethren, warmed as it is by a genial spirit, be strength to the heart of the man who has to fight single-handed the battle of life, so is it equally refreshing to the intellect which has been long and incessantly occupied with the details of practice, to come out for awhile from the workshop into the open day of medical thought, reflected and diffused by the action and reaction of numerous minds. As the animal spirits rise with the "free step on hill and lea" in this delightful scenery, so our inner man is refreshed by contemplating the broad scientific appreciations of medicine.

It is, in truth, the great and distinguishing privilege of our profession at once to expand the faculties in deciphering the hieroglyphics of nature, and to turn whatever we may learn of them to the service of humanity. We are, I think, indebted to our predecessors for preserving in the name of *physician* the recognition of this true basis of our vocation. The title of *medicus, médecin*, or *mediciner*, belongs to a lower office—one merely derived from and subordinate to that study of the φυσις, of all that grows and has being, which elevates the understanding above credulity, and puts it at the same time in possession of all the powers which can be applied by the reason to the art of healing.

> "Felix, qui rerum potuit cognoscere causas,
> Atque metus omnes, et inexorabile fatum
> Subjecit pedibus, strepitumque Acherontis avari."

And, assuredly, neither in the number nor in the quality of scientific students of nature in our profession is there at this moment any falling off from its proper characteristics. The eminent surgeon who now occupies the highest scientific office in this country, and who, through a long life, has displayed, by the combination of patient research with practical common sense, the best peculiarities of the Anglo-Saxon mind—applied with equal felicity to physiology, psychology, and the improvement of his own art—he is but the leader of a long band of medical men, who may be found advancing with the foremost in almost every field of natural science, yet not forgetful that the relief of human suffering is their end.

It may then be fairly hoped that the rising medical generation, who seem very commonly to aspire to this title of physician, will recognise its full dignity, and will aim to be indeed students of nature. The tendency of the present day is certainly towards an attitude of observation, and little inclined to lean on pharmaceutics; and those of us who have longest exercised the profession will most cordially welcome the application of strict inductive principles to the establishment of medical science. This they will do, without depriving their patients of the benefit of methods of treatment of whose utility they have been convinced, though they cannot explain it, and may even wonder at their efficacy. Such, at least, is my own position.

You will have been prepared by the introductory remarks of this too long exordium for the consideration of a subject of natural science bearing on our profession. The Association has for a good many years wisely abandoned the practice of making these addresses the vehicles of digests of the advances of our science and art during the preceding year—a work excellently performed elsewhere; and it has appeared to me that these social meetings are less advantageously occupied by those disquisitions which would lose nothing by perusal in the study, than in the consideration of those subjects which are best comprehended through the medium of specimens or pictorial illustration;* and in those discussions where light and warmth can scarcely be generated without the friendly friction, I will not say collision, of mind with mind.

Under such impressions, I am about to request your attention to a few remarks on Climate, and some of its medical aspects. My reasons for choosing this subject, independently of its being one in which I have for many years been interested, were chiefly these. In the first place, it is one of the few objects distinctly specified for inquiry in the summary of the purposes of this Association; and it is, I think, long since we have done anything towards this end in our corporate capacity. Secondly, as climate is one of the great ready-made instruments placed in our hands by those of nature for the benefit of mankind, it is right that we should from time to time report progress, and see to what new or more accurate uses it may be applied, through extension of knowledge in regard to it, or increased facility of communication at home and abroad. Lastly, it is a subject to which vast accessions of facts have been recently brought. Meteorology has been greatly advanced of late years towards the position of a science. Essentially built on observation, it has required for this progress the aid of a

* We regret our inability to give the diagrams illustrative of this address, most of which were coloured; and the consequent omission, with Dr. Barham's concurrence, of many parts of it, which could only be clearly understood by the aid of the eye. EDITOR.

multitude of fellow-workers; and where so many have laboured well, it is almost unjust to mention individuals. Still, at so short a distance from Plymouth, I cannot forbear naming Sir W. Snow Harris, a member of our own profession, as walking side by side with Faraday and Herschel in the higher branches of these inquiries. To Captain Maury, of the United States navy, more perhaps than to any one, we are indebted for our present knowledge of aërial and ocean currents. It is due to France to mention the great name of Arago; and M. Boussingault has contributed largely in the way both of facts and theory. But in this, as in every department of science and learning, we owe most to the unflagging industry of the Germans. Von Buch, Kaemtz, and especially Dove, have accumulated and utilised materials from every quarter; and the universal mind of Alexander von Humboldt, surveying our planet for great part of a century, has thrown a flood of light on climate in its more cosmical relations. As regards this country, nothing has so much advanced our knowledge as the system organised by Mr. Glaisher, in connection with the Registrar-General, by which a series of trustworthy and comparable records of meteorological observations have been rendered available to the public for many successive years, and placed in juxtaposition with the best attainable evidence of the varying health of the community. It is satisfactory to know that our profession, and even this Association, have furnished a large proportion of the contributors to this great storehouse of facts. This subject may, moreover, seem not inappropriate to this queen of south-western watering places, although you will not expect me to give its distinctive claims to favour the puff, direct or by implication; indeed, for sound information in regard to them, remote from interested eulogy, nothing can be required beyond the elegant account of Torquay published by our President, and the more strictly meteorological details given by Mr. Vivian.

I propose, then, in the first place, to take a summary view of what climate is, and the great cosmical agencies which affect it; to consider, secondly, some of the varieties of climate with reference to their general causes; and thirdly, to discuss the effect of climate on the human constitution in health and disease. I shall append some slight notice of a few of the localities which have been most recently added to the list of resorts for the invalid.

Climate, and the Cosmical Agencies affecting it. Cabanis has defined climate to be:—"L'ensemble de toutes les circonstances naturelles et physiques, au milieu desquelles nous vivons en chaque lieu." This is perhaps rather wide, and we may adopt Humboldt's more descriptive words:—"The expression *climate*, taken in its most general sense, signifies all those states and changes of the atmosphere which sensibly affect our organs; temperature, humidity, variation of barometric pressure, a calm state of the air or the effects of different winds, the amount of electric tension, the purity of the atmosphere or its admixture with more or less deleterious exhalations, and, lastly, the degree of habitual transparency of the air and serenity of the sky, which has an important influence not only on the organic development of plants and the ripening of fruits, but also on the feelings and the whole mental disposition of man." If, however, we trace these conditions further back towards their source, we must, I think, attribute them, for the most part, ultimately to the sun. That light and heat are directly derived from him, the world has always known; and it is no very modern discovery that moisture and wind are dependent on his action. His influence in producing the greater currents of air and ocean has only lately been fully elucidated; and, although the doctrine can hardly be said to be yet established, observation is constantly tending more and more to the conclusion that electrical and magnetic activity is also mainly dependent on the centre of our planetary system,—a conclusion strengthened by the phenomena described only the other day at the Oxford meeting, by Lord Wrottesley, showing the disturbance of the sun's atmosphere prior to a great magnetic storm.

Looking first to the distribution of those mighty agents, heat and light, over the globe, we find that there is a direct relation of climate to latitude. The mean temperature of the year, and probably the mean quantity of light goes with it, decreases, as a general law, with the distance of each parallel from the equator. This is commonly exhibited by what are called isothermal lines, or lines of equal mean temperature—a plan of mapping these results of observation which has very much contributed to the acquirement of further knowledge, and to facility in communicating what is already known.

But I have always thought that, for the purposes of the medical man at least, the mean temperature of the year was of little interest, compared with that of the different seasons. It is clear that a climate of uniform mildness might have the same mean yearly temperature as one that was very hot in summer and very cold in winter; and yet how wide apart would be the influence of the two on animal and vegetable life. For us it is far more important to know between what extremes the temperature oscillates in any locality, from the greatest heat to the greatest cold of the year. This may be exhibited by what Humboldt has termed isotheral and isochimenal, or summer and winter lines. You may thus contrast, for example, the equability of the tropics, where, as in Guiana, the range of mean temperature from the hottest to the coldest month is only about four degrees, with the intensity of continental polar regions, where, as at Gakatsk in Siberia, it amounts to 114°, and where, although the earth has been found to be frozen to the depth of from three to four hundred feet, such is the warmth of the six weeks' summer that good crops are produced, and the larch attains a full size.

The mention of this wonderful contrast leads me to refer to the beneficent results of the inclination of the ecliptic to the equator. Did they coincide—that is, were the sun always vertical to the equinoctial line—it is not too much to say that not only would all variety of season cease, but one-half the globe would be uninhabitable. As it is, the equator is virtually brought 23½° nearer to the poles at the summer solstice; and not only so—the length of the day being increased in proportion to the distance from the equator, the prolonged influence of the sun's rays fully compensates for their more oblique direction, and produces that astonishing vegetation of which I have just given an instance from a high northern latitude.

Such are some of the more direct climatic results of the sun's rays; and they are manifested with least interference in great continental tracts, as in Central Asia. As regards those parts of the world in which we are especially interested, various secondary effects of the same agency are brought into play; and it is on these more particularly that the increased facilities for observation, and the more accurate scientific appliances of the present age, have thrown a clearer light. These effects essentially consist in the circulation of air and water from one part of our globe to another. We may first notice the great aërial currents, with the moisture they convey.

The air will, of course, be lightest where the heat is greatest—in the tropics. An upward current is therefore established in these regions; and the displaced air is supplied from adjacent tracts, where its temperature is lower, and it is consequently more dense. Thus, from step to step, a general influx is occasioned from the polar circles towards the equator. But the hotter air is retained within bounds by the attraction of the earth, and can therefore only flow away laterally in the direction of the poles, over the denser fluid which has come from thence. Meantime, it is gradually cooled and condensed in the higher regions of the atmosphere, and descends lower and lower till, about the limit of the tropics, it again reaches the surface. It must also be borne in mind that, as the circumference of the globe becomes smaller and smaller from the equator to the pole, the cold and dense air from the latter can only be sufficient to spread as a thin layer over the great area at the tropics; so that the hotter air may be streaming away in the opposite direction at no very great elevation, as has been observed at the Peak of Teneriffe.

But the same tropical heat which lightens the air, evaporates the water of the ocean. Moisture, consequently, is carried away towards the pole, as well as warmth; and it will be precipitated when the reduction of its temperature brings it a little beyond the point of saturation. The polar air, on the contrary, is continually rendered drier, and the point of saturation more distant, as it becomes heated by advancing into warmer climes. Hence, about the region of admixture, the contact of the colder current will condense the vapour of the warmer one, and rain will ensue. The latitude of this region will necessarily vary with that advance of the zone of greatest heat in the direction of the pole, to which I just now referred; in other words, with the seasons. This condition, which I have not seen particularly noticed, appears to me to be in great measure the cause which determines at what part of the year rain chiefly falls in each locality, and why one country is wet and another dry at the same time. We may see, for instance, how it happens that, at the season which is naturally the hottest in this climate, the air which has ascended, charged with moisture from the northern limits of the tropics, gradually descends as it is cooled, and reaching its point of saturation about these latitudes, our summer is broken in upon by that almost regu-

larly recurring rain of forty days, more or less, for which St. Swithin has the discredit, and from which the southern countries of Europe seem to be nearly exempt.

For the sake of clearness, I have only considered hitherto the progress of these aërial currents between the equator and the poles; but their lateral movement is probably almost as important in its influence on climate. The atmosphere at the equator is revolving, with the same prodigious velocity as the earth, from west to east. This motion is retained by it in great measure after it has ascended and is flowing towards the pole; but that of the earth is constantly becoming less rapid, like that of a wheel from its tire to its axle. We have, therefore, in the northern hemisphere, a south-westerly wind from the tropics. On the other hand, the air about the polar circles has, like the earth, little velocity of revolution; and, as it flows towards the equator, it is passed through by the more rapidly revolving earth, and, though really moving from west to east, has the effect of blowing in the opposite direction. Thus the north-east trade wind is produced on one side of the equator, and the south-east on the other; and variable winds are experienced through a wide zone, which, as I just now explained, ranges through different latitudes, according to the seasons.

Such are the great atmospheric movements generated by causes extending to the whole of our globe, and mainly influential in producing the larger divisions of climate; but the effect of these movements, as well as of the position of the sun, is very much modified by other agencies on which we must bestow a passing glance. One of the most important of these is the system of oceanic currents, to the knowledge of which vast additions have recently been made, but which requires and must well repay further research. It is no perversion of terms to say that the "ocean-stream", as Milton styles it, is the greatest of river systems. Looking at the watery plain expanded over three-fifths of the globe, as in a state of stillness, it tends to equalise the temperature, as it is found, in the coldest regions examined, to maintain a warmth of 39·5° at the depth of 2,000 feet. But it is traversed by immense currents, either hotter or colder than the water through which they run, and which is often found to stand like a wall on each side of them. A brief account of the Gulf-stream, the most interesting to ourselves, will well illustrate the important bearing on climate of these aqueous vehicles of heat and cold. Here you may observe it starting from the tropical coast of South America, and flowing through the Caribbean Sea. It then issues from the Gulf of Florida, eighty miles in width, two thousand feet deep, at a temperature of 80°, and proceeds at the rate of sixty miles in twenty-four hours. Widening in its course to the north-west across the Atlantic, a branch of it, as it approaches these islands, trends away to the south, and eventually runs along the shores of Africa into the Bight of Benin; whilst the main stream, pursuing nearly its former course, passes through the German Ocean, impinges on the coasts of Norway, and passes beyond the North Cape. Although gradually cooled in thus traversing higher and higher latitudes, this immense river maintains a temperature much warmer than the mean of the winter months in those parts, and greatly mitigates their rigor. But as in the currents of air, so in those of water, the tropical warmth is counterpoised by polar cold; an arctic current skirting the coasts of America till it meets the Gulf-stream below Newfoundland, and chills its warm vapour into fog. Freighted with icebergs, it acts reversely to the other, and drags winter to the south.

The temperate zones, especially the northern, are situated at the point of contact between these polar and equatorial forces; and great uncertainty of climate is the necessary consequence. The more equable temperature of the ocean waters renders that of the air cooler in summer and warmer in winter than it would otherwise be, and that to a considerable distance from the coast. Thus the greater part of Europe, bathed as it is by the Atlantic to a large extent, and intersected by other seas branching from it, has a more or less insular or marine climate—a variable one; that is, free from long continued extremes. Great Britain has this character, of course, in a very marked degree; and still more those parts of it which, like this western peninsula, are brought almost in contact with a warm sea. Such, too, is the case especially with Ireland.

But I am trenching on the second division of my subject—the peculiarities of *local climates*, and their causes, to which I must now give a cursory notice.

[*To be continued.*]

Illustrations of HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

KING'S COLLEGE HOSPITAL.

INTESTINAL CONCRETION COMPOSED OF HAIRS OF THE OAT. ADULTERATION OF FOOD WITH COARSE OAT-FLOUR.

By A. Ernest Sansom, M.B.Lond., House-Physician, and late Physician-Accoucheur's Assistant, to King's College Hospital.

H. Guy, aged 12, was admitted into King's College Hospital, under the care of Dr. Budd, on May 23rd, 1860.

Four days before admission, he was attacked with violent griping in the abdomen, was drawn double by the pain, and rendered incapable of standing upright. This continued throughout the day and following night; on the next morning, vomiting occurred, and a dose of castor-oil was followed by several watery evacuations. Two days before admission, an enema was administered, with the effect of bringing away some dark feculent matter, followed by clotted blood. Several evacuations after this contained blood.

When first seen after admission, he wore a wearied and anxious expression, and lay with his knees drawn up in the bed. The whole abdomen was painful and tender on pressure. The breathing was thirty per minute, chiefly thoracic; coughing caused great pain. There was a good deal of fever; the tongue was dry, and of a curious mottled appearance, caused by spots of sordes on a dark red ground. Pulse 113. He was ordered two grains of compound soap pill three times a day, and to have an enema of a pint of oatmeal-gruel. A linseed-meal poultice was applied to the abdomen. The enema was retained; no motion ensued. Vomiting occurred at intervals of about half an hour. He could procure no sleep. The enema was repeated on the following day, but no action of the bowels occurred, and the vomiting soon became constant; the pulse became smaller and harder. The belly was kept well fomented. May 25th. He became weaker, and could speak only in a whisper. Early in the morning, some thin watery motions were passed; from that time the purging was incessant, the vomiting also continuing. He became much more exhausted; purging ceased about ten o'clock on the night of the 26th, and vomiting decreased in frequency. He died rather suddenly on the 27th, vomiting of coffee-ground matters having been incessant before death.

Post Mortem Examination. On incising the walls of the abdomen, a quantity of pus was seen lying between and upon the intestines. The visceral peritoneum was much congested, being, over the lower part of the small intestine, of a deep purple colour. The vermiform appendix was purplish black; it was perforated in four places, and was almost entirely in a gangrenous state; in it was impacted a concretion of about the size and form of a date-stone. The contents of the bowels had not escaped into the abdominal cavity.

On microscopical and chemico-microscopical examination of the concretion, I found it to consist of phosphate of lime, carbonate of lime, and ammoniaco-magnesian phosphate, surrounding a nidus formed of interlacing vegetable hairs—evidently hairs of the oat.

Remarks. There were many noticeable points in the case. Among them were—1. *The suddenness of the onset.* The boy had previously suffered from ascarides; and I at first thought that the attack was one of colic dependent on their presence. I therefore ordered an enema of infusion of quassia, which was administered at his own home while he was yet an out-patient. The symptoms, however, continuing, and in increasing severity, I considered it to be a case of intussusception. This was Dr. Budd's diagnosis, on his visit. 2. *The nature of the concretion.* Oat-dust has a peculiar property of "felting" or moulding into masses. Dr. Hughes Bennett remarks (*Clinical Medicine*, p. 255), that the formation of such concretions as these has become more rare of late years; partly because, since the employment of winnowing machines, the separation of the fibrous dust from the meal has been more perfect; partly because the consumption of animal food has become relatively greater. The question as to the origin of the concretion in the present in-

stance is answered in a very curious manner. On questioning the mother of the boy, I elicited that he had been in the habit of buying and eating the very coarse plum-pudding which is sold in the neighbourhood of this hospital. I sent a little boy of his own class to purchase some of a similar kind, and bring it to me. On examination by the microscope, I found it to contain hairs having identically the same appearance as those which formed the bulk of the concretion. I have since examined many specimens of coarse farinaceous food, but none have shown similar adulteration, nor do I find any record thereof in Dr. Hassall's great work.

Original Communications.

SCROFULOUS DISEASES OF THE EXTERNAL LYMPHATIC GLANDS:

THEIR NATURE, VARIETY, AND TREATMENT.

By P. C. PRICE, Esq., Surgeon to the Great Northern Hospital; the Metropolitan Infirmary for Scrofulous Children at Margate; etc.

I.—INFLAMMATORY CONDITIONS OF THE EXTERNAL LYMPHATIC GLANDS IN SCROFULOUS SUBJECTS.

[*Concluded from page 647.*]

General Treatment. Two main objects are to be aimed at in resorting to the general treatment of subacute and chronic inflammatory swellings of the external lymphatic glands—temporary improvement and permanent cure, with the amelioration and eradication of any special diathesis that may exercise a decisive effect in the production of the glandular mischief. Before, however, adverting to the therapeutical treatment, it may be well to premise that the greatest reliance may oftentimes be placed on the effects of good diet, and fresh, if not sea, at least, pure air. Many cases of simply enlarged glands in scrofulous and delicate children, who are yearly sent to the Metropolitan Infirmary at Margate, are speedily benefited by the improved and liberal diet they receive, and the fresh air they breathe; for not only indifferent and scanty food, but deprivation of light, and unwholesome airs, have long been acknowledged, if not the sole, at least strong contributing causes to lymphatic and scrofulous diseases.

It has already been stated that low and tardy inflammatory lesions of the absorbent glands may originate as primary or secondary affections, and occur at any period of life; but that childhood is *par excellence* the age during which they present. If unassociated with any pre- or co-existing affection, but occurring in a more or less well marked scrofulous constitution, the indications are to procure resolution, and improve a condition of constitution which has admitted such specific lymphatic disturbance. When several glands—a complete chain on either side of the neck, for instance—are involved, and the patient is in indifferent health, the pulse low and feeble, the appetite meagre, the bowels costive and irregular, with a disposition more or less influenced by the specific temperament under which the system labours, then the first indication is to correct any functional irregularity of the viscera. The liver, in all lymphatic derangements, will generally be found at fault; the kidneys act inefficiently; the stomach loses its tone; and the bowels consequently sympathise with the general disturbance. Under such circumstances, it is advisable at once to direct attention to the improvement of the functions of the disordered organs. With this view, I am in the habit of commencing the treatment of all lymphatic derangements by the exhibition of certain alterative and slightly purgative medicines, whether in the infant or young person. When such a course is expedient, I very generally prefer a mild preparation of mercury in combination with rhubarb and magnesia, and combine the two in the following form:—

℞ Pulv. hydrarg. cum cretâ, gr. j ad gr. viii; pulv. rhei co., gr. vi ad ℈j.

The dose is, however, of necessity in proportion to the age, temperament, and requirements of individual cases; and the frequency of its repetition regulated by circumstances.

When the use of the above formula is prevented, various other medicines may be used, to the fancy of the patient or practitioner, the end to be attained being the chief object of importance. To amend the appetite, the use of mild tonics, associated with alkalies or the mineral acids, according to circumstances, is highly advantageous. If such means be insufficient, after being duly persisted in for some time, and the glandular swellings assume larger dimensions or remain in a truly chronic state, then it will be advisable to resort to such medicinal agents as are known to exert a direct and beneficial effect on the absorptive system. Among the most ordinary in use are the various salts of mercury, iodine, and bromine, etc. Although I have recommended the alterative use of mercurial preparations, yet I am, as a rule, decidedly opposed to their administration in any way to induce absorption of the material forming the increased size of the involved gland in scrofulous patients. I am confident, after repeated trials of various mercurial preparations, that their exhibition is in very many instances not only unadvisable, but harmful. Debilitated and cachectic constitutions will not allow of their being pushed to the extent that is often needed ere the absorptive effect can be traced. Notwithstanding these observations, I am willing to admit that sometimes mercury is a most valuable agent, when properly employed, in the reduction of that form of gland-swellings now under consideration, especially when combined with iodine or bromine, in the *Pharmacopœia* forms of the iodide, biniodide, and bromide of mercury. Should evidence exist that a personally contracted or an hereditarily transmitted syphilitic taint complicates the otherwise simple character of the chronic inflammatory swelling, I know of no medicinal combinations of greater value. In such instances, the bichloride of mercury, combined with the oxysulphuret of antimony, is likewise of much advantage.

Far in advance of any mercurial preparations stands iodine, either in its pure form, or combined with alkalies and minerals, such as potassium, iron, etc. For obtaining rapid effects of the drug, I am in the habit of administering it in combination with some alkali; as I believe, with many former writers, that its virtue, especially when the scrofulous type is well developed, is more marked. The preparation of greatest utility I have found to be the iodide of potassium, in frequent, but small doses. In this country, the tendency with most practitioners is to administer comparatively large doses of the salt; but my own experience points to the belief that small and repeated exhibitions are of much greater value. I am in the habit, when treating infants and children, of commencing with half a grain to a grain twice or three times a day, dissolved in distilled water, or a mild tonic. For adults, the dose may be increased to two or even three grains; but I seldom augment the quantity, although I often advise its more frequent exhibition when circumstances demand a rapid effect from the drug. Should an additional quantity of free iodine be considered advantageous, it will be well to substitute the form known as Lugol's solution, and prescribed in this country under the *Pharmacopœia* name of liquor potassii iodidi compositus. Care, however, must be taken that the dose is small, so that the increased activity of the salt may not cause any disagreeable effects.

Within the last few years, iodide of ammonium has been reintroduced to the notice of the profession by that well known physician and physiologist, Dr. B. W. Richardson. Dr. Richardson states that he has found it, after considerable experience, superior to the combinations of iodine with potassium and sodium. Its rapidity of action appears greater; for experiments have shown that its effects, though analogous to those of iodide of potassium, are more quickly produced. Mr. Hunt, of the Skin Hospital, is also of the same opinion. My own individual acquaintance with the drug, although not large, is sufficient to allow me to corroborate in a measure its highly extolled virtues. The dose is the same as that of the iodide of potassium, and a very strong analogy exists between the two salts.

The combination of iodine with iron has long been a most favourite preparation, and is usually prescribed in the form of a syrup—syrupus ferri iodidi (*Pharm. Lond.*); but the good effects of iodine are not so immediate as when the metal is administered in one or other of the previously named forms. From twenty drops to a drachm is the usual dose, repeated, according to circumstances, twice or thrice during the day.

In the exhibition of iodine in any one of the above mentioned or other forms, not only great care, but considerable aptitude, is required. The advantages to be derived from iodine are most precarious; and, while the practitioner is often delighted with the valuable and rapid effects of the drug, he is as constantly compelled to confess disappointment. It has been advised by those practitioners whose experience enables a mature judgment, that, provided the use of the medicine is, after a fair persistence, unattended with the wished for results, its exhibition should be

discontinued for a time, and the system, which is, perchance, incapacitated from appreciating its virtue, corrected, and so improved or modified that a recontinuance may be attended with more favourable success.

The length of time for which it is necessary to administer iodine in cases of enlarged glands, before its effects become permanent and of advantage, is very uncertain. I have frequently succeeded in affecting the constitution in a week, or a few weeks; at other times, months have elapsed ere the medicine has found a permanent footing in the system. I have under my care at this present time, at the Great Northern Hospital, a young woman with two large chronic inflammatory glandular swellings under the lower jaw on the right side. She has been under the influence of iodide of potassium for some time; and, although five months have elapsed, it is only at this period that the iodine, which is also locally applied, has so affected the system, as gradually to remove the very hard and indurated swellings.

The quantity of iodine that can be administered without causing inconvenience, or perhaps advantage, in cases of glandular affections of all kinds, greatly varies, in accordance with the age and constitutional diathesis, etc., of individuals. While in some patients comparatively small and slight doses rapidly cause disagreeable symptoms, in others the drug may be given with apparent impunity in large and accumulative quantities, without occasioning any irritating and obnoxious results. For further remarks on the use of iodine in this and other forms of scrofulous affections of the absorbent glands, I must refer the reader to that portion of this essay which will treat of the therapeutical management of glandular tuberculosis.

Of the use of the bromine salts I have had little personal experience; but I find that they are much used on the Continent, and are highly extolled.

How far the administration of cod-liver oil is directly successful in inducing the removal of chronic inflammatory swellings, is uncertain; but there is little doubt that, by improving the constitution and elevating the tone of the various organs, it promotes the accomplishment of healthy actions. Indeed, so important is it to maintain the strict integrity of the functions of various organs, that it is, perhaps, as a rule, advisable to prolong the general treatment even when all mischief has been apparently quite removed.

When more or less chronic inflammatory enlargements of the lymphatic glands coexist with marked scrofulous affections, or are the direct result of certain diseased conditions of neighbouring structures, resolution is more difficult to obtain, and demands a modified plan of treatment. In young children, enlarged cervical glands constantly occur, as the accompaniment or direct result of the various forms of scalp and skin affections; but, as soon as the local cause is removed, they gradually subside. The various eruptive skin-diseases, so peculiar to infancy and childhood, are not, however, always attended with glandular sympathy; and I have noticed, and constantly referred to the fact, that it is only such children as present a truly scrofulous and delicate constitution that exhibit well marked coincident implication of the glands. Doubtless the mere irritation produced by the tegumentary disease is amply sufficient to cause simple irritative sympathy of proximate glands; but, I believe, it requires the development of a peculiar temperament to admit any definite inclusion of the lymphatic system. Besides affections of the skin, any diseased condition of other organs in scrofulous subjects is amply sufficient to give rise to glandular implication.

With regard to the general treatment, such means must be used to procure resolution of the glandular mischief as is compatible with the management of the accompanying tegumentary and other diseases that may exist. As a rule, however, the exhibition of iodine and other *so-called* specifics will in general be advantageous, although, from the complication of maladies, a different plan of treatment may be advisable. Whatever course of remedies may be used, it is all important to bear in mind that, in the great majority of cases that are presented, the lymphatic derangement is not merely an accompanying, but a dependent complication.

Local Treatment. In concert with the general therapeutical management of enlarged glands arising from a slow and limited form of vascular derangement, local treatment will oftentimes prove advantageous. It consists of two kinds.

Firstly. The topical application of what ancient writers termed *medicaments*, for the purpose of inducing absorption of the material which has more or less permanently caused enlargement of the organ.

Secondly. Removal of the enlarged glands, by means of caustics and other more direct surgical means, as the knife, etc.

The topical remedies, and their mode of use to promote the more rapid dispersion of these chronic gland-swellings, will be discussed with greater advantage when considering their application to truly tuberculous conditions of the external lymphatic ganglia. It may, however, be briefly stated that those agents which prove of most service are the various solutions and ointments of iodine and mercury; while frictions with cod-liver oil, ordinary stimulating liniments, blistering tissues, etc., have likewise their value. The readiness with which such enlargements disperse, especially when unassociated with any well marked scrofulous complications, and in no way involved with tubercle, under the topical use of iodine, is often surprising; and the question has frequently arisen in my own mind, whether resolution is dependent on the absorptive powers of iodine, or simply on a stimulating action common to other applications. I have frequently submitted this query to a practical test, and feel assured that other topical applications have not, at least in scrofulous subjects, the same value.

Sometimes, however, notwithstanding both general and local treatment, the lymphatic glands remain permanently thus enlarged, and give rise to certain inconveniences, if not to actual pain and discomfort; so that it becomes expedient to consider the propriety of adopting more definite measures.

When the enlargement is confined to one or two glands superficially situated, as in the neck, or at the base of the lower jaw, for instance, and the morbid condition has been inaccessible to repeated treatment, the surgeon, for various reasons, may deem it expedient to suggest the removal of the unsightly and perhaps dangerous growths. This may be accomplished in a diversity of ways.

The insertion of caustics of various kinds is with some surgeons a favourite method. With others, acupuncture with a fine needle or small knife is preferred. Some practitioners, especially those of France, make heroic use of the actual cautery and heated platinum wire; while the majority prefer, when feasible, the use of the knife. Whatever means is employed, one sole object is sought for, although in very different ways—the removal of the enlarged structures.

To the insertion of caustics into chronically inflamed and subsequently indurated glands, I very decidedly object. I have seen this plan followed in some of the Parisian hospitals; and, while there is much to be said against it, I cannot advance one single favourable point to enable even a trial of it. I have seen a hole dug with a knife in glands in this condition, and stuffed with sticks of caustic composed of chloride of zinc and paste of flour and gum; and, in carefully watching cases in which such a plan had been adopted, I have, I am sure, not too readily arrived at an adverse opinion of its decided disadvantages. Besides caustic of the above description, others, such as the caustic potash, nitrate of silver, etc., are much in favour with some surgeons. A gland thus invaded with caustic sooner or later suppurates, and is by degrees disintegrated. The effect of such action on the covering integument and neighbouring parts will be fully considered, when adverting to the destruction of tuberculous glands by the same means.

Simple punctures by fine needles have found ready advocates as a method of inducing a certain amount of extra inflammatory action in the enlarged gland or glands, which shall either promote absorption, or cause suppurative destruction of the increased and altered organ. I have resorted to this plan with success in a few instances; but must confess that, while occasionally it is advantageously employed, it is sometimes injudiciously put in practice. I have only to-day heard of an instance in which a resort to this means was followed with grave constitutional and local symptoms, although the patient ultimately did well.

The heated platinum wire, and even the actual cautery, have occasionally been used not only as discutients, but as destructive agents, in this form of advanced chronic glandular disturbance; but I cannot think that any material advantage is to be gained by their adoption. I have used the platinum wire; but it has been when I knew the gland operated on was involved with tuberculous deposit. In France, I have seen obstinate chronically enlarged glands treated by dotting over the investing integument with the actual cautery, and have, in two or three instances, resorted to similar practice; but I can in no way advise its adoption, while much is to be said against it. When permanently enlarged glands are so situated that they do not involve important vascular and nervous structures, give rise to great inconvenience and deformity, and are limited in number, they may be successively and prudently removed by

means of the knife. Superficial absorbent glands, situated about the base of the lower jaw and along the sides of the neck, when enlarged and indurated, can be thus well removed. In such cases, I have frequently resorted to the use of the scalpel with good results, and have assisted my colleagues, Mr. Gay and Mr. Lawson, at the Great Northern Hospital, in similar examples. There is a gland situated close to the under surface of the base of the lower jaw, in near proximity to the facial artery, which often becomes indurated, and needs removal. In performing the operation, care is required that the artery be not cut. I have seen it divided twice lately, in effecting removal of the gland, a complicated wound being produced. Caution must also be observed, when glands of this indurated character are removed, that no great nervous tracts lie in danger of the knife, and that the tumours be not too numerous or deeply seated. In the museum of St. Bartholomew's Hospital is a preparation showing a very extensive mass of indurated cervical glands of fifteen months growth, which was removed by Mr. Vincent from a child six years of age. The case was one badly selected for an operation; for in the mass of glandular tumours are to be recognised branches of the cervical and spinal accessory nerves. The child died shortly after the operation, of debility, with disease of the lungs. The operation, when adopted under advantageous circumstances, is generally easy of execution, and the result all that could be wished for. The scar that remains is usually slight, especially if union of the lips of the wound have taken place by adhesion; and, from all I have seen regarding this mode of permanent riddance of isolated indurated glands, I feel fully justified in advocating its adoption when feasible.

THE ALCOHOLIC TREATMENT IN EXHAUSTING DISEASES.

By John Pursell, M.D., F.R.C.S., Brighton.

From time to time, I have observed various articles in the Journal referring to the administration of what are usually termed *stimulants* (but which I should submit might with greater propriety be classed as "cordials") in the successful treatment of acute and chronic disease, and which the late eminent Dr. Todd sanctioned by his long continued observation and experience as the only means calculated to restore the exhausted nervous energy of a suffering patient. I am therefore induced to give in brief detail a few of the many cases I have restored by the free administration of brandy, when each and every one of the patients' cases appeared hopeless under any other treatment.

Case I. - I shall commence with the last case under treatment, that of a young female of 16, nursemaid in a family, a patient of the eastern district of the Brighton Dispensary, to which I am the medical officer. At the present time she is progressing towards convalescence from bed-sores. This patient was the subject of acute rheumatism three months since, with the frequent concomitant of acute pericarditis. She was treated on the alkaline plan with morphine and opium, and counterirritation on the spine, and in about ten days was convalescent. Chorea of the right upper and lower extremity gradually supervened, which continued to increase; and the jactitation of the upper extremity was so severe, that the limb was obliged to be held down and confined by attendants; while at the same time the patient, who had all along been ordered weak brandy and water, continued to experience great exhaustion and physical depression, which increased to such an extent that it was apparent death from exhaustion must speedily occur unless the nervous system could be rallied. At half-past 11 A.M. I administered with my own hand, by means of a tablespoon, about a pint of brandy diluted with one-third of cold water. At half-past 4 I revisited the patient, and found her slightly improved, and gave her rather more than a pint similarly diluted. From this time a marked change for the better took place, and she gradually recovered; her convalescence being only retarded by bed-sores. But for the exhibition of this cordial, certain death was imminent, and that in a few hours.

Case II. I had for many years attended an elderly lady, who was frequently the subject of gastric disturbance arising from indulgence at the table in indigestible articles of diet, inducing diarrhœa, etc., and occasionally immediate or remote cerebral congestion. Twice or thrice she had been *in articulo mortis;* and once she appeared to have expired, when brandy diluted as above was exhibited, in the quantity of a pint or a pint and a half, with the result of restoring sensibility in a few hours. This lady continued to live several subsequent years, in the enjoyment of excellent health. The usual treatment by counterirritation and laxatives had been previously pursued.

Case III. I was called up at 4 one morning, about six years ago, to visit a youth of 13, who had been under treatment for arachnitis, and became convalescent. Feeling greatly exhausted a few days subsequently, from having been imprudently driven too long a distance into the country, he experienced a relapse, when my attendance was urgently requested. I adopted the usual remedies, with counterirritation on the spine, etc. On being summoned early in the morning, I found my patient fast sinking, evidently from exhaustion, and not from inflammation or its consequences. I called for some brandy, which, having been mixed with one-third of water, I succeeded in getting down quickly; but, while thus engaged, our young patient appeared to be expiring. The attendants, being all paralysed at the emergency of the case, left me to make the best of it. I continued the administration of the brandy until I had fairly given upwards of a pint, when the patient began to make long and deep inspirations. He quite recovered, and is now a fine grown youth in excellent health. The late Dr. Borland, of Newington Place, saw this case at 7 A.M., when the sensibility of the patient was restored, and expressed his great surprise and approbation of the success of this remedial agent.

Case IV. I was called to attend a respectable middle-aged married female, about five years since, the subject of an attack of profuse menorrhagia. As I was from home in the country, my assistant attended and took charge of the patient. On my return and visiting this patient, I found her still flooding, and in a sinking condition. Having bandaged her, and applied cold to the uterine region, I immediately gave brandy diluted to the extent of a pint, and ordered opium in one grain doses with quinine every six hours. In about five days this patient was convalescent, having taken the contents of two bottles of brandy, besides the opium and quinine. She is at this time, and has been ever since, in the enjoyment of excellent health. I should have stated that this patient was scarcely or but partially sensible when I saw her on my first visit, so completely drained had been the circulatory system—a proof that alcohol, in all these cases, possesses the essential properties of a nutritive aliment of the nervous system.

Such had long been my opinion before Dr. Todd's views appeared in print. I can safely add that I have been more successful in the treatment and cure of acute and chronic disease by the timely and judicious exhibition of what are termed "stimulants"—by which I mean cordials, as brandy more or less diluted, and wine and beer—than by any other class of dietetics. Many have been the cases of supposed "heart-disease", indicated by frequent palpitations, sensations of fluttering, inordinate action, etc., which have yielded to a moderate allowance of beer, wine, etc., twice or thrice daily, in conjunction with a generous diet of meat, bread, and avoiding indigestible articles, such as cheese, pastry, etc.

In conclusion, to withdraw from a patient suffering from acute or chronic disease his accustomed aliment, and to keep him on what is termed "a low diet", must aggravate his malady, and is diametrically opposed to common sense, and will indefinitely protract his disease and counteract the direct exercise of the *vis medicatrix naturæ* in restoring the healthy and reparative processes of nature.

For the last twenty years I have been in the habit, from long and continuous observation in public and private practice, of recommending the moderate use of wine or beer in the treatment of most acute, subacute, and chronic diseases with the greatest success; and I am convinced it is the only plan calculated to counteract the varied and manifold effects of disorder and disease, and to restore the inestimable blessing of health. There is of course "no rule without an exception." The state of the pulse, skin, and tongue, the marked presence or absence of physical prostration, constitute the chief indications to determine the employment of the above auxiliaries in the treatment of disease.

I should here remark, that I have never observed any apparent inebriating effects to follow the administration of large doses of diluted alcohol; with a fuller and more regulated pulse, calm and refreshing sleep usually succeeds, terminating in the rapid recovery of the patient. Almost all the cases in which I have succeeded in restoring the vital energy of a patient where immediate death appeared to be the inevitable result, were those of individuals, with two or three exceptions, who usually drank water as a beverage.

I propose in a future Journal to submit some further re-

marks on the treatment of chronic disease by the auxiliary employment of cordials, together with medical and dietetic treatment; and shall endeavour to show that by their agency, illustrated by the detail of some cases both in public and private practice, disorder and disease are more speedily arrested, and convalescence established, than could have been accomplished without the exhibition of these restoratives.

Transactions of Branches.

CAMBRIDGE AND HUNTINGDON BRANCH.

PNEUMOTHORAX WITHOUT URGENT SYMPTOMS, FOLLOWED BY RECOVERY: SUBSEQUENT DEATH OF THE PATIENT FROM DISSECTING ANEURISM OF THE AORTA.

By W. H. Ranking, M.D.Cantab., Fellow of the Royal College of Physicians of London.

[*Read at Cambridge, July 10th*, 1860.]

The following case is more than usually interesting on two grounds; first, as exhibiting an instance of recovery from idiopathic pneumothorax, and secondly as offering an additional instance of a still more rare disease—dissecting aneurism of the aorta.

A young man of delicate aspect, aged 19, was, while at church, suddenly seized with acute pain in the left side, accompanied by intense suffocative dyspnœa. He was removed home, and soon placed in bed, when his breathing gradually became more tranquil. I saw him the next day, in the following condition:—He was sitting up in bed, much disliking the confinement, which he chose to think was unnecessary. The breathing was short; but free from pain or anxiety of countenance. From the history of his seizure, contrasted with his comparatively comfortable condition at the moment, I was at first at some loss what to expect; but from habit, rather than from any suspicion of serious disease, I examined the chest. In doing so, I was not a little surprised at the physical signs which presented themselves.

On inspection, the whole of the left side was rounded, and motionless, with the intercostal spaces obliterated, as in empyema. The percussion note, however, was tympanitic universally, and to the most marked degree; there was also entire absence of natural breath sound; all was silent, with the exception of amphoric blowing under the angle of the scapula, and well defined metallic tinkling. The heart was beating also considerably to the right of the sternum. These physical signs were clearly referable to the presence of air and fluid in the left pleura, generally supposed, in almost all cases, with the exception of those arising from external violence, to depend upon perforation of the lung connected with a tubercular cavity. But nothing in this patient's history betrayed any condition from which this species of perforation could have proceeded. There was no trace of phthisis,—no evidence of violent bodily exertion; he was, in fact, sitting quietly in church when the pneumothorax occurred.

Speculation as to the origin of this rare condition was so obviously useless, that our therapeutic efforts were directed alone to the meeting of any urgent symptom which might arise, and which general experience taught us would arise. To our gratification, however, as well as surprise, the patient steadily improved; the lung expanded, and in, I believe, two months he was again engaged in his usual avocations. From this time, until about three months since, which was the date of the next rare episode in the patient's pathological life, I did not hear or see anything of him.

On this latter occasion, I was, in common with several other medical practitioners, summoned hastily, and found the patient dead on my arrival. It seemed, from the history given me in explanation of this sudden event, that on the 12th of May he complained, while at his office, of faintness, with pain in the back. He took some stimulant, and speedily recovered sufficiently to walk home. Next day, he took some domestic remedy, under the impression that he was suffering from dyspepsia; but he did not seek any medical advice. On the next day, he went again to the office, and there again complained of pain in the back and loins. The same evening he was remarkably full of spirits, and sat up late. He went to the office, as usual, next morning, returned to dinner, and again returned to the office, complaining of some pain in walking. He had not been long in the office, before he uttered a loud cry, and became faint and collapsed; he was laid down, and soon recovered sufficiently to be taken home. On his arrival, he felt so much better as to request to be allowed to walk up stairs. This, however, was not acceded to, and he was carried up; but he undressed himself and got into bed without assistance. A friend sat for some time, but finding him apparently better, he left him, and went down stairs. He had scarcely done so, when he heard a loud shriek, and, rushing up, found the patient in the agonies of death.

A *post mortem* examination was made twenty-four hours after death. The corpse was that of a tall thin young man. The thorax had been opened before my arrival, and from the right pleura two quarts of fluid blood had been taken. As I was anxious not only to discover the immediate cause of death, but also the condition of the left lung after his prior attack, the thoracic organs were carefully scrutinised. There were no pleural adhesions on either side, nor was there any appearance attributable to the previous attack of pneumothorax. Both lungs, though small from compression, were entirely free from tubercle, there were a few dilated air-cells, especially near the apex of the left lung, where several cells had been ruptured into one. Below the left lung a large fluctuating bag was seen, extending the whole length of the thorax. This proved to be fluid behind the costal pleura, and an incision determined it to be semi-coagulated blood. The heart and lungs were now removed, by dividing the trachea and œsophagus in the neck, and detaching them from above downwards, when the entire track of the aorta through the diaphragm was seen to be infiltrated with clotted blood, particularly in the posterior mediastinum, where it existed in large quantity. The same condition also extended throughout the track of the abdominal aorta, as far as the iliac arteries, and blood had been extravasated extensively between the folds of the mesentery, and into the pelvic cellular tissues. The pericardium was free, and did not contain any fluid. The heart was of medium size, and of healthy consistence. The outer coat of the aorta was marked in front by patches of extravasated blood, of the nature of ecchymosis; but, in its posterior aspect, from its origin it was surrounded with clotted blood to such an amount as to make dissection difficult. The heart, when opened, presented perfectly healthy valves; but the ascending aorta, from about a quarter of an inch above the valves, exhibited the appearances known as those of dissecting aneurism. The inner and middle coats were seen to be separated by a layer of coagulated blood, to the extent of half an inch at the base, and throughout the whole track of the vessel, even to its abdominal portion. The lining membrane of the vessel was healthy, with the exception of a few small specks of atheroma; and in one spot, in the upper aspect of the arch, was a small slit, not more than three-eighths of an inch long, through which the extravasation appeared to have taken place. The point of exit of the blood into the cellular tissues, in the mediastinum, and into the right pleura, could not be found, as the examination was performed under very unfavourable circumstances. It may be stated that the liver and other abdominal organs were sound.

Remarks. In reviewing the pathological history of this remarkable case, the first obscure point is the nature of the lesion which gave rise to the pneumothorax. This condition is, as it is well known, an occasional concomitant of phthisis, in which case there is no difficulty in explaining its occurrence, by the perforation of the pleura investing a phthisical cavity; this is, in fact, the mode of its production in the great majority of cases. But, in the present case, there had not been any antecedent history of tubercle, neither was there any *post mortem* evidence of it. Could the air have gained access to the pleural cavity by rupture of the congregated emphysematous air-cells previously adverted to? I believe this to be a rational explanation, and that its probability is favoured by the comparatively little intensity of the symptoms, and by the absence of any indications of that vascular disturbance which the presence of purulent fluid in the pleural cavity would have produced. In reference to the occurrence of dissecting aneurism of the aorta, this case may be said to be invested with still further interest, from the actual rarity of the accident. At the time I placed one instance on record (in 1847) only twenty-one cases had been published, and since, as far as I am able to ascertain, but six or eight have been met with; so that thirty-two or three will be the outside number from which our acquaintance with this peculiar lesion is derived. In the present instance, the moment of the original rupture of the inner coat of the vessel seems to have preceded death by several days, and may clearly

be associated with the tearing pain in the back and transient faintness, while successive separations of coats seem to have been marked by the repetition of the attacks of syncope, until at length the giving way of the outer coat of the arteries, and the flood of extravasated blood into the cellular tissue, at once extinguished life.

SOUTH-MIDLAND BRANCH.

A NEW METHOD OF OPERATING FOR HARE-LIP.

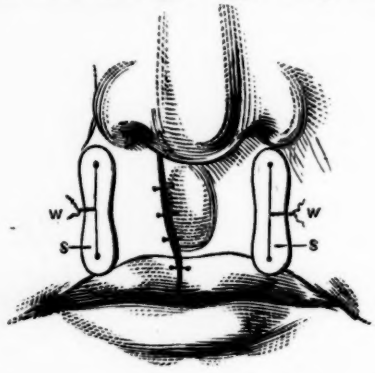
By EDWARD WOAKES, jun., Esq., Luton.

[*Read June 15th*, 1860.]

THE inefficiency of the ordinary operation for hare-lip to meet the requirements of the case, and the inconveniences attendant upon its employment—such, for instance, as the ulceration set up by the pins, which have in consequence to be withdrawn before union is established; the frequent need for additional support to keep the edges of the wound together; and the impossibility of nicely adjusting these so as to secure a very slight amount of scar, when the silk is twisted over them—point alike to the necessity for some improvement in the operation.

The following plan has arisen out of a consideration of the desiderata which a successful operation for hare-lip demands. Briefly stated, these are—1, to support the opposed surfaces of the wound so thoroughly that any amount of contortion on the part of the patient will not interfere with the adhesive process; and 2, at the same time to secure so accurate an adjustment of the skin, that when the cure is completed, there shall remain a minimum amount of cicatrix.

In the operation now proposed, these objects are accomplished in a very simple manner, by substituting silver wires and splints for the steel pins and silk in ordinary use. The wires being introduced, a splint, of the size and shape of that represented in the drawing, is slipped along their projecting



ends on each side by means of holes just large enough to admit the wires, and carried home to the cheek, at the spot where the wires were inserted. The ends of the two wires on each side are now twisted outside the splint, which thus serves as a *point d'appui*, from which, at every additional twist, the approximation of the edges of the wound is made more perfect. The chief point to be observed is to insert the wires sufficiently far back to form a firm support to the wound; and this can be done far more safely with metallic wire than with steel pins, as the former, by adapting itself to the shape of the mouth, causes no painful tension, as do the pins when very deeply inserted. At the same time, so effectual is the support afforded by traction on the splints, that no additional aid for this purpose, such as adhesive straps, spring-trusses, etc., is requisite, even in the most formidable cases. By this immunity from tension, the tissues are enabled to display their well known tolerance of metallic substances, in consequence of which the wires may be retained for an almost indefinite period; whereas, from the oftentimes early commencement of ulceration when the less yielding pins are employed, these may have to be removed before union is complete.

The cut surfaces having been approximated as closely as may be considered advisable by twisting the wires, the line of incision remains still uncovered; and the second condition of the operation may now be accomplished by the insertion of three or more delicate silk sutures very superficially. By this means, the most perfect apposition of the edges is obtained, and in consequence, as regards the final result, a very slight scar—in some cases all but imperceptible—remains. These sutures should be removed within twenty-four hours.

When the operation is complete, the appearance is much that represented in the accompanying drawing, where the actual size and shape of the splints are indicated.

The following case may illustrate some undefined points in the operation.

CASE. W. M., aged 18 months, was the subject of congenital hare lip; the cleft, which extended to just within the nasal orifice, being to the left of the median line. The usual incisions having been made while under chloroform, the wires were introduced about two-thirds of an inch from the line of incision, and made to pass out at a similar distance on the opposite side. This was done by attaching each wire to a piece of silk connected with a straight needle sufficiently large to admit of the silk, with the wire attached, being drawn through after it. (This mode of introducing metallic wire answers perfectly well when the hollow needle for the purpose is not at hand, care being taken that, where the wire is bent down for the attachment of the silk, it is squeezed together with pincers that it may present as small an obstacle as possible to the passage of the wire at this its bulkiest part.) The ends of the wires to which the silk was united were then removed with scissors, and a splint passed along them, a twist being given to secure it. The other two were then similarly treated; and by alternately twisting the wires of opposite sides with a pair of ordinary pincers, the splints were first brought to lie upon the cheek, and then to approximate the edges of the wound. Three superficial sutures were now introduced, and the integument thus accurately adjusted. Adhesion took place rapidly, and in the course of twenty-four hours one of the superficial sutures was removed. The child, which had not been weaned, sucked well, and appeared perfectly free from pain or uneasiness.

The following day, the other superficial sutures were taken away.

On the fifth day, union appeared perfect, and the apparatus was removed; by snipping the wires of one side, and taking off the splint, that of the other with the wires attached was readily withdrawn.

The results of this and subsequent cases, as seen some months after the operation—the traces of the original deformity being less than in the most successful instances of the ordinary mode of operating—may I venture to think, claim for it the attention of those who are interested in plastic surgery.

BATH AND BRISTOL BRANCH.

PRESIDENT'S ADDRESS.

By JOHN SODEN, Esq., Bath.

[*Delivered July 12th*, 1860.]

GENTLEMEN,—We have assembled this day to commemorate the eighteenth anniversary of our Branch; we may also celebrate the twenty-eighth year of the existence of our Association; and I think we can point with satisfaction to the prosperous condition of both "the parent and child". Though in a measure independent, their interests are mutual and united; and the success of the Association has been mainly due to this excellent organisation, and to the distinctness of the bodies of which it is composed.

It will be always interesting to the members of the Branch, on occasions of this kind, when the subject especially presents itself, to glance back at the history, and to mark the progress of, medical science. I trust I may be excused for occupying your time with such reminiscences, on the plea that they have for me an especial interest—one that pertains, perhaps, to no other member of the society. My own professional career is contemporary with that of the Association. At the time of its formation, I had just become a pupil of the Birmingham Hospital; and I was present at the meeting summoned by Sir Charles Hastings at Worcester, when the Provincial Medical and Surgical Association was inaugurated, and that career commenced which has gathered in success as years have rolled by, till it has attained a position which its sanguine supporters at the Worcester meeting could hardly have contemplated.

In connexion with its history, one naturally inquires what share it has taken, to what extent it has aided and promoted the vast changes that have occurred since its own advent in the science of medicine, in the discoveries that have taken place of fresh means of usefulness, and new appliances in medical and surgical practice, and in the strides rather than

the steps by which our knowledge in physiology, pathology, and power of diagnosis, has been so wondrously advanced.

We can point with pride to some conspicuous gleanings among the stores alluded to by members of this Association. Ceely's investigations in cow-pock will permanently rank in the progressive history of medical knowledge. But it was not to be expected that our Association would take a prominent place among the pioneers and discoverers of the last quarter of a century, being composed of gentlemen whose whole time was devoted to the practice of their profession, and who could not share in the labours of the dead-house, dissecting-room, and laboratory, whence these great results have issued. It has rather been our province to chronicle the discoveries as they have arisen, and to hail and diffuse each fresh light as it has shone upon us.

It is difficult, even at this short interval, to realise the state of medical knowledge at the time from which we have started. The stethoscope was but in partial use, and the assertions of the possibility of accurate diagnosis through its means were received even by some leading physicians in the metropolitan hospitals like the revelations of a Galileo. Forbes's translation of Laennec's work was published in 1824; but, at the time of which I speak, no English monogram on auscultation had appeared; for Hope's, the first book on physical diagnosis of the heart, was published subsequently. The microscope was a toy; and I remember the laughter with which Sir Anthony Carlisle, himself a man of zeal for science, in the wards of the Westminster Hospital, received my statement that Mr. Kiernan could tell the difference between a drop of pus from a cancerous and one from an ordinary abscess. I will take an illustration of the actual state of knowledge of diagnosis, and of the prevalent treatment of the time, from the first volume of our own *Transactions*. You will find there a paper by a deservedly distinguished physician, on Diseases of the Heart. Case No. II is thus headed: "Palpitation from supposed Organic Derangement, but which did not prove fatal."

"A shoemaker, forty years of age, had violent palpitation of the heart, attended with much pain, which was always relieved by holding himself quite erect, and inclining to the opposite side." He had been ill for five years; had sought relief from change of air in his native country, Ireland; had seen a number of doctors, and been subjected to bleedings, blisterings, and diuretics. Finding himself worse, he consulted a fresh physician in Liverpool; and by him he was salivated, under the impression that his palpitation was symptomatic of hepatitis; but with no benefit to the heart's affection. Everybody was now convinced of a confirmed and apparently hopeless disease of the organ; and the poor patient was next subjected to an issue between his shoulders. This situation was chosen on account of its being the seat of pain, and "a violent fluttering beat distinctly felt there; and when the stethoscope was applied there, the sound of his voice was said to alter the character of the pulsation." He still sought relief in vain; most of the physicians he consulted declining to prescribe for him, from the hopelessness of the symptoms; but one, more sanguine than the others, again undertook his treatment; he inserted two (!) setons, one in front and one in the side, which made the man so weak "as to be unable to walk". The treatment, with this comment on the setons, is said by the author of the paper to be apparently judicious. The case now comes under the author's hands, and thus he describes his treatment:—"He had fourteen leeches applied between the shoulders; and a bitter infusion ordered to be taken in a state of effervescence, with five grains of the extract of hyoscyamus in each dose. I also ordered a very powerful stimulating anodyne liniment to be rubbed freely on the affected side night and morning. From this plan of treatment he experienced considerable relief; the leeches relieved the oppressive load he felt at his back; and the mixture removed the dyspeptic symptoms; consequently, the mental irritability caused by them, so as to allow him to resume his usual employment." Thus the poor fellow was rescued from the torturing he had undergone, and was at length allowed to recover.

You see from this example how little aid diagnosis in chest-disease had as yet received from physical examination. The skilful physician had only broad symptoms to guide him; and his chief reliance rested on his power of recognising the distinctive characters of the pulse as pathognomonic signs. Hectic fever with purulent expectoration was set down as phthisis; but, in discriminating between disease of the heart and hydrothorax (water on the chest bore the sins of most of the chronic disorders of that region), the pulse was the sole indicator. If it was intermittent or irregular, the former was pronounced to exist; if, on the contrary, it was regular, though quick, the latter disease was diagnosed. No wonder such vast importance was attached to the state of the pulse in disease, and that so much dissertation and controversy should have been expended on the subject.

Consistently with the ignorance and error prevailing, it was the age of severe and acrimonious criticism. The writers in the different reviews of the time, with a suicidal assumption of superior wisdom while condemning the doctrines of their victims, were sometimes incautiously bold and confident in expressing their own opinions.

I will go back a little beyond the period I am professing to speak of, for an example, as I have a motive in selecting it, and one which, I trust, will enlist the interest and sympathy of this assembly.

In 1808, Dr. John Ford Davis, a physician of this city, published some cases of acute carditis, a disease at that time of which nothing certain was known. The first case was from the notes of Dr. Haygarth, who, with rare and keen intelligence, recognised the association of the disease with acute rheumatism, and argued, as I should have thought with convincing proof, for the identity of the two diseases. Dr. Davis adopted the same views. His work was severely handled in the third volume of the *London Medical Review*. The writer, indeed, acknowledges the learning and research of the author; but, in reviewing his treatment —the administration of cinchona as co-operant to blood-letting—he expresses his disapproval, as it points to "a favourite but untenable theory of acute rheumatism." Further on, the reviewer gives us his own ideas of the treatment of carditis in these words:—"We most fully and freely agree with him (Dr. Davis) (notwithstanding his complaints of a want of pathognomonic symptoms), that whenever acute pain and extreme anguish in the heart are present, without remission by other means, the physician would be justified in bleeding to the utmost extent, even to *deliquium animi*. We prefer direct nauseating remedies, such as tartarised antimony in small doses, or hepatised ammonia, to digitalis, which is slower and infinitely more uncertain in its operation. We have found the former (tartarised antimony) the most certain remedy of its class, in all undue excitement of the nervous system; and, in conjunction with general or local blood-letting and saline purgatives, the most powerful relaxant. Injection of tobacco-smoke appears a rational and fair experiment in such states of inflammation as are accompanied by a decided pain and anguish about the heart."

Dr. Davis is still alive, in the enjoyment of good health, and in the full possession of his mental faculties. He has long had his revenge, in the recognition of the doctrines he promulgated more than fifty years ago as an axiom in pathology; but I am sure it will be gratifying to him to hear that a meeting of his professional brethren recognised and did homage to the sagacity and discernment he displayed in his early days; and that they reversed the judgment of his reviewer, on whom they turned his own tables of ridicule.

We were still in the dark age of "theories". The light of anatomical and physiological fact had only just begun to dawn; we were still seeking to generalise, to discover some simple universal law of disease; and many and curious were the efforts made to reach that goal. One writer published a work called *Medicine no Mystery* (1829), which, as it is dedicated to Sir James M'Grigor, I presume to be the effusion of a gentleman of education and character in his profession. The author considers all diseases as either "accelerated or retarded actions of the systems they exist in", as the nervous, osseous, secreting, etc. In conformity with this idea, he goes through a long nosological list of maladies, and proceeds to hang them *seriatim* on each side of this pendulum; there they oscillate, in beautiful simplicity of arrangement, but as ill at ease, and as much distorted from their natural positions, as a pyramid of acrobats.

The doctrines of Cullen, Brown, Parry, and others, had had their day, and failed to maintain the attention they in succession excited; but at this moment Broussais was the reigning monarch of medical dogmas.

In alluding to the absurd extent to which his ideas were carried, I wish to imitate the tone of respect and veneration with which Broussais' name has been honoured by Dr. Prichard and Dr. Symonds, in the pages of our *Transactions*. Without doubt, he greatly advanced our knowledge on the subject of gastro-intestinal inflammation; he showed that inflammatory affections of the mucous canal were more frequent and important than was generally supposed; he first pointed out the

relation between typhoid fever and those affections; but then, delighted with his discovery, he pushed on the theory till it became a "one idea", and he made all fevers spring from a local principle. The existing divisions of inflammatory, bilious, nervous, typhus, etc., he considered as different stages of phlegmasiæ of the digestive canal, modified in each particular train of symptoms by temperament, idiosyncrasies, climate, and situation. But it was in the elucidation of chronic inflammation that Broussais' fame chiefly rested. When inflammation did not terminate by resolution, suppuration, or gangrene, it became chronic. The effect of this was a peculiar hardening of the part affected; and, according to the idiosyncrasy of the part, or of the individual, gave rise to tubercles, indurations, ulcers, pustules, vesicles, and even scrofula and malignant disease. Mental derangement was pronounced to be always the result of membranous inflammation of the stomach and intestines; and so enthusiastic were the disciples of the new school, that some were bold enough to inoculate themselves with syphilis, to prove that that dread poison was but a "gastro-enterite".

We have waded through this slough of ignorance in which we so long floundered; but we still reap the Nemesis of our past misdeeds in a distrust in the public mind of orthodox practice and ideas. Time will restore a just confidence, as we show that we stand on firmer ground; and we must not quarrel with the slow growth of every change in existing notions. It is true, as "ill weeds grow apace", that error, appealing to the superstitious element of the mind, spreads faster than truth, which only the judgment and intelligence can grasp; but still the law of change is slow. What confusion would occur, were it otherwise ordained. What if homœopathy had rushed like a whirlwind over the darkness we have passed through? I am more content to let it run its sluggish course, to wait with patience the subsidence of its ripple on the deep stream of our knowledge, perhaps to give place to many other surface-ruffles of equal absurdity, before the current of truth shall flow calmly and undisturbed through the region of man's intelligence.

Let us now see what our present footing is, and what progress we have made since our Association first saw the light.

Some of my audience may remember the first illumination of our streets with gas. The first propulsion of a ship by steam, Stephenson's triumph with the same power on land, and Wheatstone's telegraph, are novelties to us all. Vast as these changes have been in physical science, well nigh revolutionising the world, a parallel race has been maintained in the different departments of medicine. The genius of John Hunter had given an impulse to surgery, and placed it in advance of the sister branches of medical science in the race of improvement. This position was well maintained during the early part of the century, as the works of Travers, Lawrence, Hodgson, Guthrie, Astley Cooper, Dupuytren, Abernethy, and others, abundantly testify. The constitutional treatment of surgical diseases was now insisted upon, and this important doctrine was mainly elucidated in the writings of Abernethy; but he, like Broussais, was carried away by his "one idea", and masked its usefulness by the ludicrous extent to which he carried it in the invariable prescription of blue pill.

The next great improvements in surgical knowledge are connected with the name of Brodie. He perfected the treatment of diseased joints, commenced by Scott of Bromley; and explained the principles on which their cure depended. He taught that amputation, reamputation, and finally excision of the joint above, was not the best cure for hysteria of the one below. He put an end to the cruel ignorance that condemned a poor patient to lie for the best part of her life upon her back, which was perforated like the hollows in a bagatelle-board by the effects of setons, issues, and cauteries, when the disease happened unfortunately to seize upon the spine.

I cannot attempt a biographical or statistical history of surgery for the period I am reviewing; but a few names, such as Liston, Aston Key, Syme, Stanley, Fergusson, Erichsen, Miller, and Solly, must not be passed over without casual notice; and I proceed to recall to your memory a few of the vast discoveries and changes that are chronicled in this important epoch.

We start with the introduction of lithotrity, itself a star of sufficient magnitude to illuminate a century. We notice also that now began the great change in the management of wounds and stumps. The mountains of plaister, roller, and compress, by which the foul discharge was so carefully bottled up to irritate the unhealed part and promote its own absorption into the system, were now abandoned for water-dressings; these have given way to the simplicity of nakedness; and I believe it is the custom in most hospitals, as it is the practice of my colleagues and myself, to leave our stumps perfectly exposed and uncovered. When suppuration is established, I place some tow on the oiled-silk-covered bed of the stump, where it can be readily changed, to absorb the discharge. If the weather be warm and the smell perceptible to the patient, the inconvenience is entirely removed by covering the cradle with linen, and keeping it wet with a solution of Condy's fluid, which has also the advantage of maintaining a cool atmosphere round the limb. With the old dressings, we have abandoned the circular for the flap amputation; and a great improvement in the adaptation of the principle has lately been effected by a member of our Association, Mr. Teale of Leeds, whose name will henceforth be associated with the rectangular flap he has introduced.

The introduction of new mechanism and materials has had a wonderful effect upon our practice. The substitution of iron for wood in our various splints, and its use in ingenious slings for the lower extremity, have secured the success of our excision cases, and proved invaluable aids in compound fractures. What should we now do without the appliances of gutta-percha? India-rubber deserves a statue; but perhaps the most important novelty of this class has been the use of metallic wire for ligatures. We are daily becoming more aware of its superiority over silk and thread, and of the extent to which the animal tissues will bear its presence without irritation. It has long been in use in closure of cleft palate; but it is solely through the power it has conferred, that those wonders of healing vesico-vaginal fistulæ and restoring lacerated perinæa have been effected. The last proposal for its application is a bold one, and worthy the genius of its proposer. Professor Simpson has suggested the use of acupressure as a hæmostatic means; he hopes to make long needles thread through a wound or stump; then, bent and reintroduced, supersede by their pressure the use of ligatures; so that, in future, there shall be no foreign body in a wound that will prevent its healing by the first intention. The plan is getting into favour in the London hospitals.

The reputed danger of wounding a tendon amounted to a superstition; but, under the guidance of Delpech and Stromeyer, a new class of disorders—the entire range of distortions, hitherto utterly beyond the reach of aid—was now brought within the grasp of surgery. A new art may be said to have been created in subcutaneous section. In this country, it was chiefly developed, and the knowledge of its power diffused, by Little. Before our admiration of the novelty had subsided, we were startled by the new triumph of its application by Dieffenbach to the recti muscles of the eyeball in strabismus—a discovery that equally delighted both the public and the profession by its ingenuity and promise of usefulness.

In due order, the introduction of chloroform next claims our attention. The possession of that wondrous power seemed at once to make the field of surgery infinite. Operations long ago suggested, and even practised, but whose formidable nature and attendant suffering made the patient and the operator alike shrink from their frequent performance, were now deprived of all their fearfulness. We began to excise joints and remove abdominal tumours without hesitation. The success attending the first of these operations is an established fact in every hospital in England. The trial of the second is as yet only most encouraging. The results of the cases of Mr. Baker Brown and Mr. Spencer Wells must be considered as highly favourable, and reflecting great credit upon the skill of those gentlemen in the management of them, and on their discernment in their selection.

The pathology and treatment of diseases of the uterus have been greatly developed, and brought from utter vagueness to something like a system—too much so, some of my auditors may think. Without doubt, great abuse has crept into the treatment of these disorders, and still exists; but it must be conceded, though the results of treatment of a large class of affections of the uterus, from their constitutional character, are still unsatisfactory, that the recognition of the various displacements of the womb, of ulceration, and of partial indurations removable by local measures, has been a great boon, and afforded additional knowledge to the profession and relief to the sufferer.

The cure of aneurism by compression has been brought to a practical issue. Syme's division of stricture in the urethra is another gain. The idea of removing cancerous growths by escharotics has been revived; its progress has been checked by the disreputable charlatanism that has attended the practice, and it is yet on its trial; but I believe, when very carefully and patiently performed, this mode of treatment will be so

satisfactory as to be extensively adopted. My favourable opinion has been much influenced by the results of several cases in the hands of a gentleman of this city, Mr. Cowan, which, though sufficient time has not elapsed to speak triumphantly, are very surprising.

The great discovery of Ricord deserves a longer notice than I can give to it. I do not think the importance and practical value of the inoculation test of syphilis are duly appreciated in this country. It seems a very simple idea, and one that, as soon as conceived, required only to be acted upon; but Ricord did not find it so. It took many years of laborious and incessant experiment and observation, which only the greatest genius could have carried out, before he could determine why it was that the pus from a bubo would on some days produce the characteristic chancre, and why on others it failed to do so; how it happened that the general surface of a bubonic abscess was inert, and yet that one small pocket of matter would show the deadly poison. These difficulties and contradictions would have been insurmountable to any but the highest order of mind; but Ricord unravelled the web of complication, and enucleated a clear and simple law of the morbid action.

What may be called the special departments of surgery have held their place in the race of improvement. Even the unfortunate, despised ear, that opprobrium of surgery, can hold up its head, and boast of Yearsley's treatment of holes in its tympanum, and Toynbee's substitution of a new membrane. The eye, however, is preeminent in progress. I have already alluded to the cure of its obliquities. The general treatment of its diseases has kept pace with the general improvement, in the comparative abandonment of local for constitutional remedies. My friend Mr. Bowman has here shown himself a genius in mechanics, as well as in physiological research. He has invented instruments that will enter the eye like a needle, and within the globe will expand into a knife or scissors at his will. By these means he can divide bands of tough capsule, that before resisted all attempts at their removal; and he can regulate the size and position of an artificial pupil. He has also removed what had proved a stumbling-block in the way of all previous scientific oculists, that does him still greater honour. He has cured the watery eye by a combined process of division of the lachrymal duct and catheterism of the sac. It is permanent in its effects, and supersedes the use of the unsightly and uncertain style. Improvements in ophthalmic surgery are not confined to Bowman; a complete history would occupy all our time; but I must not pass over Haynes Walton's operation for the relief of entropium, that plague of advanced life. It is worthy of mention, because it was the result of reflection, and not of accident. Mr. Walton considered that the cause of entropium was an undue action of the inner fibres of the orbicularis muscle next to the tarsal edge, over the outer, in consequence of the weakening of the latter by fatty degeneration, whereby the cartilage was tilted from its position. On dissection, he found this to be the case. He proposed to remove these inner fibres, as a means of restoring the cartilage to its natural balance. The experiment succeeded perfectly.

Then came the ophthalmoscope, revealing to our sight the states of the retina and other deep tissues, enabling us to classify the cases that formerly all passed under the name of amaurosis, showing in some eyes an active state of congestion, in others a disorganised and hopeless condition of the structures, where no external signs could have indicated a distinction. The latest improvement has been a startling one. We have always looked upon glaucoma as a hopeless disease. Whether its attack was acute or chronic, it was certain destruction of sight in the end, and sometimes a disease of terrible suffering. It seemed beyond relief; but to Gräfe is due the suggestion of iridectomy, that promises to be of the greatest service. The operation is still growing in the estimation of the oculists, though as yet no one has propounded the nature of its influence upon the disease.

[*To be continued.*]

Smoking. The pupils of the Polytechnic School in Paris have recently furnished some curious statistics bearing on tobacco. Dividing the young gentlemen of that College into groups, the smokers and the non-smokers, it is shown that the smokers have proved themselves in the various competitive examinations far inferior to the others. Not only in the examinations on entering the school are the smokers in a lower rank, but in the various ordeals they have to pass through in a year, the average rank of the smokers had constantly fallen, and not inconsiderably, while the men who did not smoke enjoyed a cerebral atmosphere of the clearest kind.

Progress of Medical Science:

AT HOME AND ABROAD.

ANATOMY AND PHYSIOLOGY.

THE CAUSE OF DEATH IN DROWNING.

Death in cases of drowning has been attributed to various causes—the introduction of air into the stomach, into the bronchial tubes, closure of the epiglottis, syncope, and asphyxia. M. Beau believes that the cause of death is asphyxia from want of respirable air; but that the small quantity of water which enters the bronchial tubes requires to be explained. Is it that, in drowning, there is an arrest of the respiratory movements? To the solution of this question, M. Beau has applied himself, and has performed the following classes of experiments, which are recorded in the *Archives Générales de Médecine* for July 1860.

Class I. A dog is plunged rapidly into a vessel of clear water, and held there on its back. At the first moment, on its surprise, it makes a more or less complete inspiration; this is immediately followed by a jerking expiration, during which a tolerably large quantity of air escapes in bubbles to the surface of the liquid from the mouth and nose. After this, there are no further expiratory movements. The animal struggles, and there is energetic action of its trunks and limbs; but no more inspiration or expiration. The lips remain convulsively closed. In about two minutes, the movements cease completely; but the animal is not dead, and, if now withdrawn from the water, it may recover. Death does not take place until two or three more minutes have elapsed. On *post mortem* examination, the lips are found to be firmly closed; the glottis is also closed. There is a variable quantity of frothy water in the small bronchial ramifications, the trachea, and frequently the large bronchial tubes. There is also a little water in the stomach, and some emphysema of the lungs.

Class II. A dog is plunged into water in the same way, and removed at the end of two minutes, when he has ceased to struggle, and has lost consciousness without being really dead. He soon performs some respiratory movements, and opens his eyes; presently he rises on his feet; and gradually, without cough or symptoms of suffocation, he recovers rapidly and completely. If the animal be killed by pithing while he is recovering, and the chest be opened immediately, frothy water will be found in the air-passages, as in the first class of experiments.

Class III. The trachea of a dog is opened, and a cannula is introduced. The animal is immediately plunged into water, and held under it on his back. Scarcely has submersion taken place, when air enters the chest by an inspiration, probably through the glottis and the cannula; this is immediately followed by a jerking expiration or cough, during which bubbles of air escape from the mouth and through the cannula. After this, the course of the symptoms, and the *post mortem* appearances, are the same as in the first class.

Class IV. The trachea of a dog is opened, and a cannula is introduced as in the first class of experiments. The animal is held under water, with his head free, but so that the opening of the cannula is under the surface of the fluid. Immediately on this incomplete submersion taking place, water is drawn by an inspiration through the cannula, and is partly rejected by cough by the same passage, with a certain quantity of air which escapes in the form of bubbles. The respiratory movements now cease, and the animal becomes restless; but, in a few seconds, respiration returns, and the animal makes regular inspirations and expirations, bubbles of air escaping at each expiration through the cannula, and forming a froth on the surface of the water. As the inspiration of water goes on, and the interchange between the water and the air from the bronchi becomes complete, the quantity of bubbles diminishes at each expiration, until at last nothing but water passes through the cannula. At last all movements cease, and the animal dies in the course of about five minutes. On examination, the trachea and bronchi are found to be literally filled with water, which is not frothy. The lips and glottis are not convulsively closed as in the former experiments.

Class V. This is a modification of the second class of experiments, introduced to show that the mere withdrawal of the

muzzle from the water, so as to leave the respiratory orifices free, while the rest of the body remains submerged, is sufficient to bring about recovery.

Class vi. When the trachea of an animal is constricted by a ligature so that no air can pass, the animal struggles as if drowning; for about two minutes, he opens his lips and nostrils as if to admit air. In five minutes, death occurs; and, on examination, nothing is found in the bronchi, but the lungs are congested and emphysematous.

These experiments are held to show that death takes place in drowning from an irresistible horror of the water inducing an arrest of the movements of respiration and closure of the respiratory orifices; and that this takes place irrespectively of the actual introduction of a small quantity of water into the air-tubes at the moment of submersion. There is then, in the words of M. Beau, a *hydrophobia of inspiration* in the drowning, analogous to the *hydrophobia of injection* in persons bitten by rabid animals. The last class of experiments shows that death in these cases is comparable to that which arises from strangulation. (*Gazette Hebdomadaire*, July 13th, 1860.)

British Medical Journal.

SATURDAY, AUGUST 25th, 1860.

HOSPITAL MANAGEMENT.

The medical public are so bent at the present moment upon investigating the whole question of hospital management, consequent upon the general *versus* special hospital discussion, that we think it advisable to draw our readers' attention to a matter which bears most intimately upon clinical instruction in our great hospitals. It is the standing complaint of the rising and ambitious portion of our profession that, under the present system, these institutions are practically closed against them. We know that, as long as medicine lasts, those who are not "placed" will make a great outcry, and knock loudly and angrily at the gate for admission. Nevertheless, it will perhaps be admitted that, as things are at present managed, those great fields of medical experience, the general hospitals, are monopolised by an inadequate number of officers; and, we may also add, the monopoly is one not only of numbers, but of time.

Let us, for instance, take St. Bartholomew's Hospital. This great medical institution contains 650 beds, of which 410 are surgical cases, and 230 are medical; whilst the medical officers are four for each department. Hence it follows that each surgeon has to attend about 102, and each physician about 57 patients. When we remember that bedside instruction is *the* great practical instruction to which medical pupils have to look in order to prepare themselves for the duties of one of the most arduous and anxious of professions, we may very properly demand that this kind of instruction be the very best that can be afforded to them. But what are we to say to a gentleman hurrying through wards containing 102 beds, and "doing" the list within the hour? We have seen something of this scampering process; and we are bound to say that students, under such conditions, cannot be said to be "walking" the hospital, but running the hospital. It is little more than half a minute to each patient. Can the surgeon call this clinical instruction? Can he do either his patients or his pupils justice?

We have mentioned St. Bartholomew's Hospital first, for the simple reason that it stands at the head of the metropolitan list; but the same vice of under-officering our general hospitals is observable in nearly all of them. St. George's, with 350 beds, has a staff of eight physicians and surgeons. The London Hospital, with 310 surgical beds, has only three surgeons; and, with 135 medical beds, only three physicians. Guy's, with 550 beds, has but nine medical officers. Able as these gentlemen may be, it is totally impossible that, in the limited time they have at their disposal in the middle part of the day, they can minister to the wants of the afflicted in a satisfactory manner.

The harvest being thus clearly too abundant for the reapers, we may ask, is it unreasonable to suggest that those willing and able to take their share of the burden should not be denied? The object of our great hospitals, so far as public interests are concerned, is not to overwhelm a score of great operators with work, but to give practical experience and manual dexterity to as large a number of surgeons as possible, and to afford the largest opportunities that can be obtained for the teaching of the treatment of disease at the bedside. We cannot help thinking that, under our present system, neither of these objects is attained. Double the staff of every metropolitan hospital; and we believe that their efficiency, both as schools of instruction and as curative institutions, would be more than trebled.

It may be said that such a proposition, if carried out, would at once reduce the fees so largely that they would not be worthy the acceptance of the medical officers. As we have always strenuously denounced the present system of gratuitous medical relief, it will not be supposed that we should for one moment aim at a reduction of the totally inadequate fees which our hospital physicians and surgeons now receive for their invaluable services. If we demand a larger staff, and one elected for limited periods, we have a right to demand also a larger remuneration—a remuneration which should be supplied by those who receive the benefit of the professional skill. The age is in the habit of sneering at the old times, when the population were demoralised by the almsgiving of our great monasteries; but are we not, by our present hospital system, slowly building up almsgiving quite as destructive to the feeling of independence in our people? Is it not certain that thousands of well-to-do persons every year sponge upon the time of the hospital physicians and surgeons? Do we not hear of wealthy misers disguising themselves in the clothes of working people, in order to get that medical aid as paupers, for which they are well able to pay liberally as *millionaires*? The voice of the profession is every day growing louder in condemnation of this robbing of its time and skill, and before long it will most certainly bear down all opposition.

Is the profession so thoughtlessly liberal of its services in other countries? Most certainly not; especially in these Protestant countries where self-dependence is cherished as one of the most manly of virtues. Twenty-eight per cent. of the patients of the General Hospital at Hamburg pay both for their maintenance and medical care. The State Hospital at Christiania, in Norway, is maintained entirely by the payments of its patients. In the Chronic Hospital of the same city, all inmates who are non-residents pay for their medical care. In Berlin, again, the rule is to find medical institutions paid for by patients' fees. Among these we may mention the Infirmary for Female Patients, partly self-supporting; Von Gräfe's Oph-

thalmic Infirmary, wholly maintained by patient's fees; and the Orthopædic Institutions of Eurenburg and Krüse, both also maintained by patients' fees. Even in the Parisian hospitals, private rooms are set apart for paying patients.

If payment for medical aid were the rule in our great hospitals, there would be no need of reducing the fees of a staff far more numerous than is at present possessed; the afflicted poor would be gainers morally as well as physically; and the pressure on the public, in the shape of appeals from insolvent hospitals, would be materially lightened.

We trust Dr. Markham's committee will not fail to pay attention to the two points on which we have insisted—an enlargement of hospitals staffs, and a more liberal scale of payment, to be drawn from the source which we have pointed out, and which at present is wholly running to waste.

SPECIAL WARDS *v.* SPECIAL HOSPITALS.

The Report on the Medical Charities of the Metropolis, published by the Statistical Society in 1857, affords us some valuable information bearing upon the question of General and Special Hospitals. One of the most important points of view in which this great question can be looked at, is the financial one. It must be very clear that, the more we centralise our resources, the more we economise. It must be quite clear that the staff and working expenses of a general hospital of five hundred beds, must be far below those of ten special hospitals of fifty beds each. Let us see how the matter actually stands. There are in the metropolis fourteen general hospitals, with a total income of £155,616, relieving 33,453 in-patients, and 313,061 out-patients. Of special hospitals there are thirty-six, with an income of £117,218, relieving 12,355 in-patients, 56,068 out-patients, and 19,636 not distinctly specified as in- or out-patients. A comparison between the numbers relieved and the cost of relief in the two institutions is greatly in favour of the former, as our reason would tell us it must be, independently of the aid of the actual figures.

The more we look at this question, the more convinced we are that the only way of remedying the differences between the supporters of the two systems, is to bring them both together. The general hospitals must classify their diseases, and then the special hospitals will cease to exist. It is noticeable that, for some years past, our older institutions have moved in this direction. For instance, we find at Guy's a ward for diseases of women, and (oh, for Sir Benjamin Brodie's special exception!) an ophthalmic ward. At University College there is a department for skin-diseases; at St. George's, a ward for the diseases of women; at Middlesex, a ward for cancer; and at St. Mary's, a ward for the diseases of women. The principle of "specialism" is also admitted in this young hospital more particularly in the out-patient department, where dental, aural, and ophthalmic surgery are represented by leading specialists. The practice of the out-patients' room is amply sufficient for the minor departments of surgery; and existing special hospitals have only to extend themselves in the direction they are already slowly taking, to fulfil all the requirements of the public and the profession.

THE WEEK.

The Branch Medical Council for Ireland and their Registrar, Dr. Maunsell, have had a "difficulty", which has terminated in the dismissal of the latter. It seems that, at a recent meeting of the Council, a resolution was passed to dispense, after July 20th, with the services of the clerk who had hitherto assisted Dr. Maunsell. On this resolution being passed, Dr. Maunsell addressed a letter to the members of the Council, of which the following are extracts:—

". . . These conditions" (those implied in the Registration Clauses of the Act) "cannot be fulfilled, or the proper duty of the registrar performed, unless he be allowed the assistance of a clerk. But since my appointment I have, with that necessary assistance, performed not only my proper duties of registrar and secretary, but also those of treasurer and accountant—the former employment necessarily involving considerable loss during the hurry and confusion of the first year of the registration, and the latter including the keeping of a set of account books, and the preparing of half-yearly balance sheets under my superintendence.

"Under these circumstances I beg leave to submit, that the diminution of the expenditure of the Council cannot, with due regard to the requirements of the law, be effected by any reduction of the office expenses, which the funds at the disposal of the Council are amply sufficient to defray. The total amount of salaries and rent annually payable, is £430; while the sum appropriated to the six members of this Branch Council for the year 1859 amounted to £926 2*s*.

"I beg leave to say, in conclusion, that I have made these observations from a sense of public duty, my personal interest in the matter being at present very slight."

From this it is clear that the motive of the Irish Medical Council in dismissing their clerk was that of economising the expenses of the registrar's office. On the 15th instant, a meeting of the Council was held, the principal resolution passed at which was the following:—

"That, having fully considered the proceedings of the last meeting of Council, in reference to Dr. Maunsell's absence, also his letters of 2nd June and 20th July, inserted in Minutes of 6th August; and further, his refusal at the meeting this day to remain in attendance, the Council are reluctantly obliged to conclude that they cannot continue Dr. Maunsell in the office of registrar, and they therefore resolve that Dr. Maunsell be and is hereby removed from the office of registrar to this Council."

The election of a Registrar and Secretary, advertised to take place yesterday (Friday), was at a salary of £200 *per annum*.

A case of considerable medico-legal interest has recently been tried at Liverpool, before Mr. Baron Martin. The accused person, a man named Thomas Winslow, was put on trial for the murder of Ann James by the administration of antimony in small doses, so as to hasten her death, at a time when she was suffering from cancer of the cæcum. The evidence of the skilled witnesses went to show that the immediate cause of death was perforation of the peritoneum by cancerous ulceration of the bowels; that symptoms resembling those of antimonial poison had existed during life, and that antimony was found in the blood and in various parts of the body after death; but it was also admitted by some of them that all the symptoms, as well as ulceration of the stomach which was found after death, might have been attributable to natural disease. The question being put by the learned judge as to whether antimony was administered to the deceased to cause her death, and whether it was so administered by the prisoner, the jury returned a verdict of "Not Guilty".

AN ACT

TO AMEND THE MEDICAL ACT (1858).

[*6th August* 1860.]

WHEREAS, by "The Medical Act, 1858", it is provided that it shall be lawful for Her Majesty to grant to the Corporation of the Royal College of Physicians of London a new charter, and thereby to give to such Corporation the name of "The Royal College of Physicians of England"; and to grant to the Corporation of the Royal College of Physicians of Edinburgh a new charter, and thereby to give to the said College of Physicians the name of "The Royal College of Physicians of Scotland"; and to grant to the Corporation of the King and Queen's College of Physicians in Ireland a new charter, and thereby to give to such Corporation the name of "The Royal College of Physicians of Ireland"; but provision is not made by the said Act for reserving to the said Colleges, and the Presidents and Censors, Fellows, Members, Licentiates, and Extra Licentiates thereof respectively, by their said new names, the powers, privileges, liberties and immunities to which they are respectively entitled by their existing names: and doubts have arisen whether, in case of the acceptance by these Colleges respectively of new charters under such altered names respectively, the said powers, privileges, liberties and immunities would legally attach and be preserved to them; and it is expedient that such doubts should be removed: And whereas by an Act passed in the fourteenth and fifteenth years of the reign of King Henry VIII, intituled "The Privileges and Authorities of Physicians in London", certain letters patent, dated the 23rd day of September, in the tenth year of the reign of his said Majesty, whereby certain physicians in London therein named were incorporated by the name of "The President and College or Commonalty of the Faculty of Physic in London", were ratified and confirmed; and by the said Act it was enacted, that the six persons named in the said letters patent, and two more of the said Commonalty, to be chosen by them, should be called Elects, and that the said Elects should yearly choose one of them to be President of the said Commonalty, and that as oft as any of the places of the said Elects should become void, the survivors should choose and admit one or more, as need should require, of the said Faculty to supply the number of eight persons; and that no person should from thenceforth be suffered to practise in physic through England until he be examined by the said President and three of the said Elects, and have from them letters testimonial, except he be a graduate of Oxford or Cambridge: And whereas the main function of the said Elects, viz., that of examining and granting letters testimonial, has been virtually superseded by the said Medical Act, and they have ceased to grant letters testimonial in accordance with the provisions contained in the last recited Act, and it is therefore expedient that the before recited provisions should be repealed: Be it enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

I. The expression in the Medical Act and this Act, "The Corporation of the Royal College of Physicians of London", or "The Royal College of Physicians of London", shall be taken to denote the Corporation of "The President and College or Commonalty of the Faculty of Physic in London."

II. Any new charter which, under the provisions of the Medical Act, shall be granted to the Corporation of the Royal College of Physicians of London, may be granted to them either by and in the name of the Royal College of Physicians of London, or, as provided by that Act, by and in the name of the Royal College of Physicians of England; and any such new charter granted to the Corporation of the Royal College of Physicians of Edinburgh, may be granted to that College either by and in its present name, or, as provided by the Medical Act, by and in the name of the Royal College of Physicians of Scotland; and any such new charter granted to the Corporation of the King and Queen's College of Physicians in Ireland, may be granted to that College either by and in its present name, or, as provided by the Medical Act, by and in the name of the Royal College of Physicians of Ireland.

III. The granting of new charters to the said Corporations respectively, by and in the altered names and styles respectively, as provided in the Medical Act, shall not, in respect of such alteration of name or style merely, alter or affect in any way the rights, powers, authorities, qualifications, liberties, exemptions, immunities, duties and obligations granted, conferred or imposed to or upon, or continued and preserved to the said Corporations respectively, and the respective Presidents, Censors, Fellows, Members and Licentiates thereof by the respective charters and Acts of Parliament relating to the said Corporations respectively, or by the Medical Act, the Act to amend the Medical Act, the Medical Acts Amendment Act, 1860, and this Act respectively; but the said Corporations respectively and the respective Presidents, Censors, Fellows, Members and Licentiates thereof, shall, notwithstanding any such change of name and style, have and retain all such and the same rights, powers, authorities, qualifications, liberties, exemptions and immunities, and be subject to all such and the same duties and obligations, as if such new charters respectively had been granted to them by and in their respective names and styles as then existing.

IV. Each of the said Corporations shall also, notwithstanding any such alteration of name or style, have, hold and enjoy, and continue to have, hold and enjoy, all lands and other real and personal heritable and movable property belonging to such Corporation, either beneficially or in trust, at the date of the granting of such new charter, and may execute and perform any use or trust for the time being vested or reposed in such Corporation.

V. So much of the Act of the 14 and 15 Henry VIII, c. 5, as relates to the elects of the said Royal College of Physicians of London, and their powers and functions, shall be, and the same is hereby repealed; but this repeal shall not prejudice or affect the rights and privileges of any persons to whom the said president and elects may have granted letters testimonial, and all trusts which, by any deed, gift, devise, or bequest are vested in, or to be executed or performed by the elects, or some defined number of them, shall vest in and accrue to, and be executed and performed by the censors of the said College for the time being, as if the name of the censors had, in such instruments respectively, been used instead of that of the elects, and the office and name of elects of the said College shall henceforth wholly cease and determine.

VI. The office of President of the "Royal College of Physicians of London" shall be an annual office; and Thomas Mayo, doctor of physic, the now president of the said Corporation, shall remain such president until the day next after Palm Sunday in the year 1861, when he shall go out of office, and the Fellows of the said Corporation shall, at a meeting to be holden by them for that purpose, on the same day, and on the same day in every subsequent year, elect some one of the fellows of the said Corporation in such manner as shall be provided by any bye-law or bye-laws made in that behalf by the said Corporation and for the time being in force, to be president of the said Corporation; but the retiring president shall always be capable of being re-elected, and every president shall remain in office until the actual election of a new president; or in case of the death, resignation or other avoidance of any such president before the expiration of his year of office, the said fellows shall, at a meeting to be holden by them for that purpose, as soon as conveniently may be (of which due notice shall be given) elect one other of the fellows of the said Corporation, in such manner as aforesaid, to be president for the remainder of the year in which such death, resignation, or other avoidance shall happen, and until such election the duties of president shall be performed by the senior censor for the time being.

AN ACT

TO MAKE BETTER PROVISION FOR THE CUSTODY AND CARE OF CRIMINAL LUNATICS.

[*6th August* 1860.]

WHEREAS by the Act of the Session holden in the thirty-ninth and fortieth years of King George the Third, chapter ninety-four, and the Act of the Session holden in the third and fourth years of Her Majesty, chapter fifty-four, Her Majesty is empowered, where any person is charged with any such offence as therein mentioned, and acquitted on account of insanity, and where any person is indicted for any offence and upon an arraignment is found insane, to give order for the safe custody of such person during her pleasure, in such place and in such manner as she may think fit; and by the said Act of the third and fourth years of Her Majesty one of Her Majesty's principal Secretaries of State is empowered, upon such certificate as therein mentioned of the insanity of any person imprisoned as

therein mentioned, to direct such person to be removed to such county lunatic asylum, or other proper receptacle for insane persons, as the said Secretary of State may judge proper and appoint: And whereas by the Acts of the Session holden in the fifth and sixth years of Her Majesty, chapter twenty-nine, and of the Session holden in the sixth and seventh years of Her Majesty, chapter twenty-six, the said Secretary of State is empowered to order any convict in Pentonville or Millbank prison becoming or found insane during confinement to be removed to such lunatic asylum as the said Secretary of State may think proper: And whereas it is expedient that provision should be made for the custody and care of criminal lunatics in an asylum or asylums appropriated to that purpose: Be it therefore enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

I. It shall be lawful for Her Majesty from time to time, by warrant under her royal sign manual, to appoint that any asylum or place in England which Her Majesty may have caused to be provided or appropriated, and may deem suitable for this purpose, shall be an asylum for criminal lunatics, and the provisions of this Act shall be applicable to every such asylum.

II. It shall be lawful for one of Her Majesty's principal Secretaries of State, by warrant under his hand, to direct to be conveyed to and kept in any such asylum any person for whose safe custody during her pleasure Her Majesty is authorised to give order, or whom such Secretary of State might direct to be removed to a lunatic asylum under any of the Acts hereinbefore mentioned, or under any other Act of Parliament, or any person sentenced or ordered to be kept in penal servitude, who may be shown to the satisfaction of the Secretary of State to be insane, or to be unfit from imbecility of mind for penal discipline; and the Secretary of State may direct to be removed to and kept in such asylum any such persons as aforesaid, who, under any previous order of Her Majesty or warrant of the Secretary of State, may have been placed and remain in any county lunatic asylum, or other place of reception for lunatics, and every person directed by the Secretary of State to be conveyed or removed to and kept in an asylum under this Act, shall be conveyed to such asylum accordingly, and shall be kept therein until lawfully removed or discharged, and that with every person so conveyed or removed there shall be transmitted a certificate, as set forth in Schedule A to this Act annexed, duly filled up and authenticated, the contents of which certificate shall be transcribed into the general register to be kept in every such asylum.

III. Nothing in this Act shall restrain or affect the authority of Her Majesty, where she may so think fit, to give such other order for the safe custody of any such person as aforesaid as she might have given if this Act had not been passed, or restrain or affect the authority of the Secretary of State to continue in or direct to be removed to any county asylum or other place for the reception of lunatics any of the persons aforesaid whom he might have so continued or directed to be removed if this Act had not been passed.

IV. It shall be lawful for the Secretary of State from time to time to appoint any such persons as he may think fit, being not less than three in number, to be a Council of Supervision for any asylum under this Act, and to remove all or any of the said Council, and upon the removal, death, or resignation of any member of the said Council, to appoint another in his place; and also from time to time to appoint for the asylum a resident medical superintendent, a chaplain, and such other officers, assistants, and servants as he may deem necessary, and at pleasure to remove such superintendents, chaplain, officers, assistants, and servants respectively; and the Secretary of State, with the approval of the Commissioners of Her Majesty's Treasury, shall fix the salaries to be paid to the superintendent, chaplain, officers, assistants, and servants of such asylum.

V. It shall be lawful for the Secretary of State from time to time to make rules for the government and management of the asylum, and for the duties and conduct of the officers thereof, and for the care and treatment of the persons confined therein, and to subscribe a certificate that they are fit to be enforced, and such rules, when so certified, shall be binding on the Council, and all officers, assistants, and servants of the asylum, and all other persons whomsoever, and all such rules shall be laid before Parliament within twenty-one days after they shall be certified, or if Parliament be not sitting then within twenty-one days after the next meeting of Parliament.

VI. Subject to the rules certified by the Secretary of State under this Act, the Council of Supervision shall superintend and direct the management and conduct of the asylum, and the care and treatment of the lunatics confined therein; and such Council or any two of them shall from time to time, as by the rules shall be provided, and at such other times as they may think fit, report in writing to the Secretary of State in relation to the management and conduct of the said asylum and the condition thereof, and to any matters concerning the same; and if any person detained and confined as aforesaid shall be of a religious persuasion differing from that of the Established Church, a minister of such persuasion at the special request of such person or of his friends or relations shall be allowed to visit him at proper and reasonable times by application to the medical superintendent, and under such rules as may be approved of by the Secretary of State, but no such person shall be compelled to attend any of the ordinances or instructions of any religious persuasion other than his own.

VII. The provisions of the Acts herein-before mentioned, or of any other Act for the removal or discharge of lunatics whom the said Secretary of State is, under the herein-before mentioned Acts or any other Act now in force, authorised to direct to be removed to any lunatic asylum, shall extend and apply to any lunatic whom the Secretary of State may direct to be conveyed to any asylum for criminal lunatics appointed under this Act: Provided always, that any order for removal or discharge which may now be made by the Secretary of State on the certificate of two physicians or surgeons may be made on the certificate of the resident medical superintendent of the asylum and any two of the Council of Supervision.

VIII. Provided also, that where by reason of the expiration of his term of imprisonment or penal servitude, or otherwise, a person confined in the asylum would be entitled to his discharge if duly certified to have become of sound mind, it shall be lawful for the Secretary of State by his warrant to order the discharge of such person, although he may not have been certified as aforesaid, to the intent that he may be placed in a county lunatic asylum, or otherwise subjected to the same care and treatment as lunatics not being criminals.

IX. Provided also, that it shall be lawful for the Secretary of State by his warrant to permit any person confined in the asylum to be absent from such asylum upon trial for such period as he may think fit, or to permit any such person to be absent from such asylum upon such conditions in all respects as to the Secretary of State shall seem fit, and in case any person so permitted to be absent upon trial for any period do not return at the expiration of such period, or in case any of the conditions on which any person is so permitted to be absent be broken, the person not returning at such expiration or absent after any such condition has been broken, as the case may be, may be retaken as herein provided in the case of an escape.

X. All provisions in the said Act of the third and fourth years of Her Majesty for the payment of the conveyance of such insane persons as therein mentioned to any asylum or other receptacle, and of his maintenance therein, shall extend and be applicable to the conveyance of any such person to any asylum for criminal lunatics, and his maintenance therein, and all sums payable under any order made under such provisions shall be paid and applied towards defraying or reimbursing the expenses in respect of which the same are paid, or other expenses of the asylum, as the Commissioners of Her Majesty's Treasury may direct.

XI. In case of escape of any person confined in any asylum for criminal lunatics, he may be retaken at any time by the superintendent of such asylum, or any officer or servant belonging thereto, or any person assisting such superintendent, officer, or servant in this behalf, or any other person authorised in writing in this behalf by the Secretary of State or such superintendent, and conveyed to and received and detained in such asylum.

XII. Any person who rescues any person ordered to be conveyed to any asylum for criminal lunatics during the time of his conveyance thereto, or of his confinement therein, and any officer or servant in any asylum for criminal lunatics, who through wilful neglect or connivance permits any person confined therein to escape therefrom, or secretes, or abets or connives at the escape of any such person, shall be guilty of felony, and being convicted thereof shall be liable to be kept in penal servitude for any term not exceeding four years, or to be imprisoned for any term not exceeding two years, with or without hard labour, at the discretion of the court, and any such officer or servant who carelessly allows any such person to escape as aforesaid, shall on summary conviction before two justices of

such offence, forfeit any sum not exceeding twenty pounds nor less than two pounds.

XIII. Any superintendent, officer, nurse, attendant, servant, or other person employed in any asylum for criminal lunatics, who strikes, wounds, ill treats, or wilfully neglects any person confined therein, shall be guilty of a misdemeanor, and shall be subject to indictment for every such offence, and on conviction under the indictment to fine or imprisonment, with or without hard labour, or to both fine and imprisonment, at the discretion of the Court, or to forfeit for every such offence, on a summary conviction thereof before two justices, any sum not exceeding twenty pounds nor less than two pounds.

XIV. Two or more of the Commissioners in Lunacy, one at least of whom shall be a physician or surgeon, and one at least a barrister, shall, once or oftener in each year, on such day or days and at such hours of the day and for such length of time as they think fit, and also at any time when directed by the Secretary of State, visit every asylum for criminal lunatics, and shall inquire as to the condition, as well mental as bodily, of the persons confined therein, or any of them, and shall also make such other inquiries as to such asylum as to them may seem proper, or as such Secretary of State may direct.

XV. The Commissioners in Lunacy shall in the month of March in every year report to one of Her Majesty's Principal Secretaries of State the visits made as aforesaid in the preceding year, and all such particulars in relation to every asylum visited as aforesaid as they think deserving of notice, and shall also report in like manner in relation to any visit made by the direction of the Secretary of State, as soon as conveniently may be after such visit, and a copy of every such report shall be laid before Parliament within twenty-one days after the receipt thereof, or if Parliament be not sitting, then within twenty-one days after the next meeting of Parliament.

SHHEDULE A.

Statement respecting Criminal Lunatics to be filled up and transmitted to the Medical Superintendent with every Criminal Lunatic.

Name——. Age——. Date of admission——. Former occupation——. From whence brought——. Married, single, or widowed——. How many children——. Age of youngest ——. Whether first attack——. When previous attacks occurred——. Duration of existing attack——. State of bodily health——. Whether suicidal or dangerous to others——. Supposed cause——. Chief delusions or indications of insanity——. Whether subject to epilepsy——. Whether of temperate habits——. Degree of education——. Religious persuasion——. Crime——. When and where tried——. Verdict of Jury——. Sentence——.

Editor's Letter Box.

COMPLEMENTARY OCULAR SPECTRA.

LETTER FROM JOHN GORHAM, ESQ.

SIR,—In your number for August 11th, I observe a short notice on "the Variation in Size of Complementary Ocular Spectra", from the pen of Mr. Zachariah Laurence. I hasten to remark that the same thing was noticed by Darwin, in his paper on the "Ocular Spectra of Light and Colours", published originally in the *Philosophical Transactions*, vol. lxxvi, p. 313. He says:—

"In viewing the spectra of bright objects, as of an area of red silk of half an inch diameter on white paper, it is easy to magnify it to tenfold its size; for if, when the spectrum is formed, you still keep your eye fixed on the silk area, and remove it a few inches further from you, a green circle is seen round the red silk: for the angle now surrounded by the silk is less than it was when the spectrum was formed, but that of the spectrum continues the same, and our imagination places them at the same distance. Thus, when you view a spectrum on a sheet of white paper, if you approach the paper to the eye, you may diminish it to a point; and if the paper is made to recede from the eye, the spectrum will appear magnified in proportion to the distance."

With respect to the determination of the exact variations in size of the spectra that correspond to given distances, the explanation of which Mr. Laurence reserves for a future occasion, I would take this occasion to remark that the apparent magnitude of complementary images has always appeared to me to be exactly inverse to that of objects seen in the ordinary way. This is true in practice, and exactly accords with what is known of the theory and mode of production of a complementary colour. When an object, say a colour, is presented to the eye, its apparent magnitude is determined by the visual angle, which becomes larger as the object approaches the eye, and smaller as it recedes from it: but this rule holds good only when rays from without are incident upon the retina. If they emanate from within, they will emerge by the same track as that in which they entered; and, on becoming incident on a plane held in front of the eye, their image will appear large in proportion as the plane is removed from the eye, and smaller as it is brought nearer. This is the case with respect to a complementary colour, which is always evoked within the eye from another colour; it is then emitted from the eye, and rendered visible by coming in contact with a grey or white medium, extended in space and held before the eye to receive it.

The whole question resolves itself, therefore, into the point or locality with respect to the eye whence the rays emanate. In ordinary vision they proceed from without, and on entering the eye are subject to the ordinary rules of vision. In viewing a complementary, on the other hand, they proceed from within, and on emerging from the eye require, as regards magnitude, that the common rules with respect to visual angle should be reversed.

I am, etc.,

JOHN GORHAM.

Tunbridge, Kent, August 11, 1860.

THE MANAGEMENT OF THE ASSOCIATION.

LETTER FROM GEORGE MAY, JUN., ESQ.

SIR,—I send you some observations on the finances of the British Medical Association, with suggestions for their future management; and, that you may the better understand the arguments used, I have prepared the following tabular statement from the annual reports of the Finance Committee.

Date.	No. of members.	Sum to be received.	Sum received.	Arrears.	Resigned, etc.	Erased.
1855	2188	£2297	£1985	£312	188	
1856	2125	£2231	£1565	£666	262	100
1857	2065	£2168	£2005	£162	210	60
1858	2180	£2289	£1790	£499	125	
1859	2310	£2425	£2038	£387		

The annual deficiency is obtained by deducting the amount received from the estimated amount due from the members; and it will be seen that it amounts on an average to £400 *per annum*.

But let us calculate the actual loss to the Association. In the first place, £100 *per annum* must be allowed for unavoidable bad debts; next, the JOURNAL costs about 75 per cent. of the subscription; therefore, the annual actual loss is three-fourths of £300, or £225 *per annum*. This loss arises from not enforcing the laws of the Association—by withholding the JOURNAL from members whose subscriptions are in arrear.

Now let us examine the arguments used to defend the present system.

1. Although £387 represented the arrears for 1859 on the 1st of January 1860, some of this has since been paid, and much of it will be ultimately recovered.—*Answer.* Since 1855, the Finance Committee have not stated the actual arrear for any one year, and therefore we are obliged to take the average deficiency.

2. The celebrated Dr. A. is five years in arrear; if his JOURNAL is stopped, he may resign, and his example may be followed by a whole Branch.

3. As an experiment, the JOURNAL has been withheld from thirty members. Of these, not more than three have paid their subscriptions; but if they had continued to receive the JOURNAL, the subscriptions of twenty out of thirty might have been recovered.—*Answer.* This estimate is a mere matter of opinion; but, even if true, it would cause a loss to the Association. For instance, thirty members cost yearly £22:10; twenty subscriptions amount to £21; therefore the annual loss on this the most favourable supposition is thirty shillings.

But it must be admitted, that if the laws are strictly enforced, a certain number of members will be lost to the Association. Let us, therefore, endeavour to ascertain how many we can afford to lose.

The annual profit from each member is about one-fourth of his subscription; and we lose by our present system £225 each year. Therefore, nine hundred is the number of members we

could afford to dismiss without injury to the financial condition of the Association; therefore, unless the enforcement of the laws deprived us of nine hundred members, we should gain by the alteration.

It is evident at first sight that we should not lose so many; and if these statements are objected to, I will on another occasion show how many we might expect to lose.

Having shown that the present mode of managing the finances are faulty, I must do our Secretary the justice to observe that it did not commence with him. In 1855, Dr. Cormack, in speaking of the arrears, wrote: "Many of these subscriptions are owed by deceased persons, and by persons heavily in arrear for previous years. Not a few of the number received the Journal for several years; and yet from the date of their admission to the present time, have never contributed to the funds of the Association."

It is the duty of the Secretary to be present at the meetings of the Association and of the Council; to record their minutes; to conduct the correspondence of the Association; to superintend the collection of subscriptions; etc.

Have we not made a mistake in expecting a professional man to take the labour of collecting subscriptions? Is not his time more valuable than the remuneration we can offer him?

I suggest for your consideration, whether it would not be advantageous to the Association to appoint a clerk, whose duty it should be—

1. To acknowlege the receipt of subscriptions.
2. To publish monthly a list of the subscriptions received.
3. To forward circulars in July to members whose subscriptions are one year in arrear.
4. To prepare a list of all members whose subscriptions are one year in arrear, to be laid before the Committee of Council at their first meeting each year.
5. To prepare a list of members to be erased. (N.B.—The unpleasant responsibility of erasing names should not be thrown on the Secretary.)

If the salary of the Secretary is continued at its present amount, at an additional cost of £13 yearly, we could save more than £200 yearly.

Lastly, the receipts of the Association should be audited, as well as the expenditure.

I trust these brief statements are intelligible.

I am, etc., George May, jun.

Reading, August 14th, 1860.

SPECIAL HOSPITALS.

Letter from A. P. Stewart, M.D.

Sir,—I was about, last week, to send you some strictures on the extraordinary misrepresentation, which appeared in your columns in the shape of a so-called report, of the discussion at Torquay on special hospitals; but, on second thoughts, I felt that if others who had much more reason to complain than myself made no remonstrance, I should at least pause before laying myself open to the possible charge of attempting to pass off personal vanity for public spirit. What was then a question of expediency has now become a matter of public duty.

The personal part of the business is easily disposed of. With the exception of the concluding tribute to yourself, sir, my remarks, as reported, if they bear any meaning at all, are a lame apology for the evil I most unequivocally denounced. I began by stating, as did Sir Charles Hastings, that I was one of those "hypocrites" who had signed, *de tout mon cœur*, the manifesto against special hospitals; but I utterly denied the imputation of personal and selfish motives which had been so recklessly thrown out against us. *First*, because some special hospitals, such as those for consumption and small-pox, had been established with the approbation of all, to meet a universally felt and crying necessity; *second*, because it was notoriously inconsistent with fact to state, as had been stated, that the feeling which has called forth the strong and irresistible remonstrances now exciting so much discussion, originated in the establishment of the hospital for stone. On the contrary, the feeling against special hospitals had been gathering strength for many years; and this new and crowning achievement of the specialists was but the last drop that made the cup run over—the last feather that broke the camel's back. As for the argument attempted to be drawn from fever hospitals, I expressed my belief that, with two or three exceptions, fever cases are treated all the kingdom over in general hospitals. The same *was* the case with skin-diseases; and when the hospital for that class of cases was set a going in London, the murmurs were so loud, and general, and long-continued, that many thought the institution could not make head against so formidable an opposition. I further stated my experience, that now it is a very difficult matter to get a case of skin-disease for the purposes of clinical instruction. Such, sir, was the substance of the remarks I ventured to offer to the Association; and I suppose that one phrase I made use of must have been tolerably accurate, as it has been singled out by the *Medical Times and Gazette* to express at once the historical fact, and the present state of feeling, in regard to special hospitals.

But, while thus reluctantly vindicating myself, I repeat that I have nothing to complain of compared to Dr. William Budd and Dr. Vose, whose luminous addresses well nigh exhausted the subject, and proved by very numerous instances that the greater part of our reliable knowledge on special subjects is due to the labours of men attached to general hospitals. I trust these addresses may yet be published with such fulness as their importance deserves.

Out of this subject arises another question of the last importance to the Association. How comes it, that a discussion, which was felt by those who *heard* it to bear with crushing force against the specialists, should be held, as I understand it is by many who have *read* it, to be in their favour? Was it too much to expect that such a discussion should have been so reported in our own Journal as to make it impossible for any one, however willing to be deceived, or however bankrupt in character, truthfulness, and common honesty, exactly to reverse its meaning? On whom rests the blame that it has not been so reported? I am, etc.,

A. P. Stewart.

74, Grosvenor Street, W., August 20, 1860.

[Dr. Stewart's letter demands a word in reply. The account of the discussion on special hospitals was printed nearly in the form in which we received it from the local reporter, who had no other instructions than to give a full and fair report: not a single idea, having any bearing on the question at issue, being added to or taken from any part of it. The addresses especially of Drs. Stewart, Budd, and Vose, reached us in the identical shape in which they have appeared. We regret that the shortness of the time between our receiving the report, and the publication of the Journal, prevented us from submitting the notes of their speeches to the various gentlemen who addressed the meeting on the hospital question. As the matter stands, however, we can only offer to those members who feel themselves to have been incorrectly reported, the privilege of which Dr. Stewart has availed himself—that of sending a correct statement of their views to the Journal. Editor.]

Parliamentary Intelligence.

HOUSE OF LORDS.—Thursday, August 16th, 1860.

The Leeds Poisoning Case. The Earl of Harrington moved for "reports of the coroner's inquest and Crown trial at Lewes, of George Bull, a surgeon, tried for the manslaughter of Sarah Ann Bull, his own mother, by an overdose of prussic acid, administered by him when in a state of excitement and intoxication, and found guilty at the inquest, though above suspicion of bad intention, and acquitted by the Assize Court." The noble earl said the case to which his motion referred was one in which a mother had been poisoned by her son, a medical man, who was in a state of great excitement and intoxication when he administered the poison. The fact of intoxication was left out of consideration in the trial at the assizes. It might be asked, could they not depend on the wisdom of the judge, the intelligence of the counsel, the integrity and honesty of the jury? Generally they might do so; but this was an exceptional case. Besides, there was another element in British justice—publicity, but for which this case would never have been noticed. There were five witnesses examined, and they stated important facts which had not been noticed in the trial before the Chief Justice. He had a letter from the coroner, stating that the fact of the intoxication of the party administering the fatal dose of prussic acid had been lost sight of at the assizes; and that, although anything in the shape of vindictive punishment was far from the wish of any person in the neighbourhood, the majesty of the law should have been vindicated by a sentence to mark the offence as the result of heedlessness induced by intoxication. Upon the whole, he considered the trial had been a perfect mockery of justice. Sir A. Cockburn should have arranged to

put questions to the witnesses to prove that the fatal dose was given when the accused was in a state of intoxication. He thought there ought to be a new trial.

The Lord Chancellor knew nothing whatever of the facts of this case except as stated by the noble earl. He had never read a word about it in the papers, and had received no verbal or written communication on the subject; but he must say, looking at the motion and speech of the noble earl, both were entirely uncalled for. The accused had been regularly tried and acquitted by a jury of his countrymen; yet the noble lord rose in his place and, without charging any misconduct of any kind, he said the man had been guilty and ought to be punished.

The Earl of Harrington. I did not say the man was guilty of murder and ought to have been punished; but I think he was guilty of manslaughter.

The Lord Chancellor said, if the man was guilty of manslaughter, he ought to have been punished. The noble earl contended that Sir A. Cockburn ought to have put certain questions in the course of the trial; but, with all respect for the noble earl, Sir A. Cockburn was a better judge than he of what questions ought to be put under such circumstances, while no one had ever presided on the English Bench who was more anxious to do his duty impartially. For his own part, he deprecated the resort to such discussions as the noble earl had raised in connexion with a trial which had been fairly conducted in the face of the country.

The motion was, after a few words from the Earl of Harrington in reply, negatived without a division.

Medical News.

BIRTHS, MARRIAGES, DEATHS, AND APPOINTMENTS.

** In these lists, an asterisk is prefixed to the names of Members of the Association.*

BIRTHS.

Of sons, the wives of—

*Farr, Frederick, Esq., Dunstable, on August 17.
Godfrey, Benjamin, M.D., Enfield, on August 18.
Hicks, George B., Esq., Surgeon, Old Street Road, on Aug. 18.
Millar, Samuel, Esq., Surgeon, Enfield, on August 17.
Roxburgh, Wm., M.D., Trinity, near Edinburgh, on Aug. 17.
*Tibbits, John, M.D., Warwick, on August 17.

Of daughters, the wives of—

Biddle, Assistant-Surgeon T. A., 8th Regiment, on board the *Sevilla*, on June 7th.
Cousins, Edward, Esq., Surgeon, 49, Camden Road Villas, on August 15.
Paget, James, Esq., F.R.S., Harewood Place, Hanover Square, on August 15.
Ryding, G., M.D., West Ashling, Chichester, on August 11.
Swete, Benjamin, Esq., Surgeon, Stockwell, on August 19.

MARRIAGES.

Bruce, Alexander F., Esq., retired H.E.I. Company's Madras Civil Service, to Janette D., second daughter of the late Robert Perry, M.D., Glasgow, at Edinburgh, on Aug. 16.
Davis, Cresswell, Esq., Surgeon, of Brompton, to Louisa Jane, fourth daughter of the late Richard Lewis, Esq., of Dawley, Salop, on August 15.
De la Mare, James E., Esq., Woolwich Common, to Lucy S., youngest daughter of the late Colin A. Browning, M.D., Deputy-Inspector of Hospitals and Fleets, on August 16.
English, Thomas, M.D., Upper East Smithfield, to Jane, only surviving daughter of J. G. Mander, Esq., Albion Square, at St. John's, Hackney, on August 16.
Forsaith, Henry S., Esq., to Elizabeth, only surviving daughter of the late Robert Rowley, M.D., at St. Marylebone, on August 20.
*Gamgee, Joseph Sampson, Esq., Birmingham, to Marian, second daughter of the late William N. Parker, Esq., of Edgbaston, at Handsworth, on August 9.
Graham, Thomas H., Esq., Surgeon, Lamberhurst, to Charlotte, eldest daughter of Robert W. Elliott, Esq., Inland Revenue Office, Somerset House, at St. Mary's, Islington, on August 16.
King, William T., Esq., Surgeon, Thurlow Place, Hackney Road, to Lily, only child of the late George Glynes, Esq., at South Hackney, on August 16.
Rayner, Thomas, Esq., Surgeon, Birstall, Yorkshire, to Ann, second daughter of Thomas Lea, Esq., Highgate, on Aug. 16.
St. John, Lieutenant Frederick C., 30th Regiment Madras Native Infantry, to Jane, eldest daughter of Edmund W. Eyre, Esq., Deputy Inspector-General, at Ramandroag, near Bellary, on June 7.

DEATHS.

Cooke. On August 16th, at Wyvois Court, near Reading, Rosalind H. M., wife of T. Weedon Cooke, Esq., Surgeon, of Upper Berkeley Street.
Elsdale. On August 15th, at Braunston, near Rugby, aged 20, Robinson, eldest son of *Robinson Elsdale, Esq., Spalding.
Hay, James, Esq., Newgate Street, aged 70, on August 18.
Kennedy. On August 15th, at Apedale Hall, Staffordshire, Anna Maria, daughter of the late Hugh A. Kennedy, M.D.

APPOINTMENTS.

*Hill, William R., M.D., appointed Honorary Medical Officer to the Eastern Dispensary, Bath.

PASS LISTS.

University and King's College, Aberdeen. List of names of those on whom the degree of M.D. was conferred, on August 3rd, 1860:—

Barron, Geo. B., Lancashire
Beaton, Daniel, Isle of Wight
Billinghurst, H., Islington
Bindon, Henry V., Staff-Surgeon, Chatham
Blakeley, Samuel, Tyrone
Blakeney, Edward H., Deputy Inspector-General of Staff
Bolton, Edwin H., Surrey
Broadbent, Lewis G., Bamburgh
Burke, Miles V., Limerick
Candy, John, Sussex
Clarke, John, Assistant-Surgeon, 95th Regiment
Connon, Wm., Aberdeenshire
Cooke, William H., Staffordshire
Corbould, Francis J., Kent
Coutts, James, Aberdeen
Coward, Wm., South Shields
Crowther, Thos., Yorkshire
Cutfield, Alfred B., Deal
Deamer, William, Newcastle-upon-Trent
Deas, D., Inspector-General of Hospitals and Fleets
Evans, Oliver, Deputy-Inspector of Hospitals, R.N.
Fleming, Albert, Sussex
Forster, T. B., Devonport
Gibson, G., Chester-le-Street
Greig, John, Kincardineshire
Hanna, Harrison, Belfast
Harvey, Alfred, London
Hayne, Leonard H. J., Greenwich Hospital
Jackson, G. H., Tottenham
King, David, Ayrshire
Kitching, Alfred, Hull
Lawrence, James, Ayrshire
Le Grand, Frederick W., Staff Surgeon, R.N.
Logan, Thomas, Ayrshire
McHarg, Michael, co. Antrim
Mackern, Thomas, London
Macnab, John, Lanarkshire
Mactyre, William, London
Maybury, A. K., Richmond
Metcalfe, James B., London
Millar, Samuel S., Enfield
Milman, Alfred McK., New Galloway
Morrison, John, Durham
Murphy, T. J., 60th Rifles
O'Connell, John, Cork
Philips, Thomas B., Brighton
Rae, J., R.N., Haslar Hospital
Raines, John, Manchester
Rix, Joseph, Huntingdonshire
Slesser, Chas., Aberdeenshire
Somerville, C., Staffordshire
Sommers, John A., Liverpool
Spencer, L., Lancashire
Stephen, Wm., Aberdeen
Stewart, John G., Greenwich Hospital
Sutherland, Wm., Croydon
Sutton, J., Nottinghamshire
Taylor, John, London
Tebay, Thomas G., London
Thomas, John H., London
Thursfield, Wm., Shropshire
Tullock, John, 10th Regiment
Turner, Charles W., Gloucestershire
Tylecote, E. T., Staffordshire
Warrwick, William, Belfast
Waterworth, T. H., London
Watt, James, Aberdeen
Windowe, Samuel J., H.M. India Medical Service

Apothecaries' Hall. Licentiates admitted on *Thursday, August 16th*, 1860:—

Chalmers, John E., Hull
Giles, Wm. F., Cheltenham
Hill, T. M., Clifton, Bristol
Moult, Emanuel D., Marple, near Stockport
Williams, H., Framlingham
Workman, C. J., Reading

The following gentlemen also, on the same day, passed their first examination:—

Cooke, John, University College
Soper, William, Guy's Hospital

Army Medical Service. Successful candidates at the Competitive Examination for Commissions.—August 20th. The names are placed in order of merit.

Godwin, C. H. Y., St. Bartholomew's Hospital
Walters, John, M.B., King's College
Gillespie, F., M.D., Cork
Gore, A. A., M.D., Dublin
Maunsell, T., Dublin
White, G. F., University College
Wilson, F. R., M.B., Dublin
Jones, W. H., M.D., Cork
Alcock, N., Dublin
Davidson, D. M'G., M.D., Glasgow
Heath, R. E., M.D., Dublin and Belfast
Adams, Robert, M.D., Glasgow and Dublin
Lever, R. C., King's College
Jazdowski, B. J., M.B., Aberdeen
Thompson, James, Dublin
Wills, C. S., Dublin
Riordan, R. B., Dublin
Hope, Samuel, St. Mary's Hospital
Baker, Thos. Y., St. Bartholomew's Hospital
Bracken, J. H. N., Dublin
Quinlan, P., Dublin
Pont, Frank, King's College
Baxter, C. P., M.B., Dublin
White, S. G., M.D., Edinburgh and Belfast
Lamb, Henry, Dublin
Harvey, H. O., St. George's Hospital
Grant, E. B., M.B., Aberdeen
Wall, W. R., Dublin
Flynn, T. P., Dublin

HEALTH OF LONDON—AUGUST 18th, 1860.

[*From the Registrar-General's Report.*]

	Births.	Deaths.
During week ..... { Boys.. 839 / Girls.. 856 }	1685 ..	1029
Average of corresponding weeks 1850-9	1589 ..	1200

Among the causes of death were—bronchitis, 54; pneumonia, 51; phthisis, 135; small-pox, 7; scarlatina, 37; measles, 45; diphtheria, 6; hooping-cough, 21. The deaths from pulmonary diseases (exclusive of phthisis) were 123, being 40 above the corrected average.

Barometer:

Highest (Mon.) 29·605; lowest (Th.) 29·232; mean 29·477.

Thermometer:

In sun—highest (Tu.) 117·0 degs.; lowest (Sat.) 69·0 degs.
In shade—highest (Th.) 70·8 degrees.; lowest (Sat.) 48·8 degrees.
Mean—57·8 degrees; difference from mean of 43 yrs.—3·6 degrees.
Range—during week, 22·0 degrees; mean daily, 14·7 degrees.

Mean humidity of air (*saturation* = 100), 86.

Mean direction of wind, N.W. & S.W.—Rain in inches, 0·50.

TO CORRESPONDENTS.

The Medical Diaconate. While we agree with Dr. Swayne and Mr. Spender that the observation to which they allude was uncalled for, we do not think that we should be right in opening our pages to a controversy between religious parties. The discussion at Torquay, carried on, as we believe it was, by members of various denominations, was characterised throughout by an entire absence of sectarian feeling. The question of the medical diaconate was brought forward by the Rev. Chancellor Martin, in a most honest and catholic spirit, and was examined on the broadest principles; and on these principles alone can any discussion of its merits be founded which is fit for the pages of a medical periodical.

Anonymous Correspondents should always enclose their names to the Editor; not for publication, but in token of good faith. No attention can be paid to communications not thus authenticated.

Members should remember that corrections for the current week's Journal should not arrive later than Wednesday.

POSTAGE OF MANUSCRIPT AND PRINTED MATTER.

Any amount of manuscript or printed matter, singly or together, provided it contains nothing in the form of a written letter, is transmitted through the post, in packets *open at the ends*, at the following rates: not exceeding 4 ounces, one penny; above 4 and not exceeding 8 ounces, twopence; above 8 ounces and not exceeding 1 pound, fourpence; for every additional half-pound or under, twopence.

Communications have been received from:—Dr. W. H. Ranking; Mr. J. Soden; Mr. J. S. Gamgee; Mr. A. Sansom; Mr. R. Elsdale; Mr. F. Farr; Dr. C. H. Leet; Mr. E. Woakes, jun.; Dr. J. G. Swayne; Dr. P. H. Williams; Mr. P. C. Price; Dr. Wollaston; Dr. Barham; Dr. A. P. Stewart; Dr. E. Copeman; Mr. Rd. Hughes; Dr. T. Inman; Dr. John Pursell; Mr. B. Blower; Mr. W. J. Square; Mr. A. Prichard; Mr. G. D. R. McCarthy; Dr. T. Walker; and Mr. J. K. Spender.

BOOKS RECEIVED.

[* *An Asterisk is prefixed to the Names of Members of the Association.*]

1. The Uses of Animals in Relation to the Industry of Man: being a Course of Lectures delivered at the South Kensington Museum. By *E. Lankester, M.D., F.R.S. First Course. London: Robert Hardwicke. 1860.
2. On the Invention of Stereoscopic Glasses for Single Pictures: with Preliminary Observations on the Stereoscope, and on the Physiology of Stereoscopic Vision. By T. Wharton Jones, F.R.S. London: Churchill. 1860.

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The objects of this Society are—

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These ends are to be accomplished without interfering with the valuable time of the Members of the Profession, or exposing them to the unpleasantness which necessarily attends applications for money, or to the uncertainty and risk of employing private collectors.

2nd. To assist Members with information and advice in the purchase and sale of Practices.

3rd. To raise a Benevolent Fund by devoting to that object the profits arising from the general operations of the Society.

The Society consists of qualified Medical Practitioners *only*. Annual Subscription, One Guinea; a Firm, consisting of two Partners, a Guinea and a half; a Firm of three Partners, Two Guineas. Fixed rates of Commission are also charged on business transacted.

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The *Lancet.*
The *Medical Times and Gazette.*
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The *Edinburgh Medical Journal.*
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It is suited to all cases of delicate skin (whether arising from disease or otherwise), and is admirably adapted for nursery use. May be had respectable Chemists, Perfumers, etc.

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6 and 8 oz., any shape, plain, or graduated	.....	8s. 0d.	per gross.
3 and 4 oz.	ditto ditto.....	7s. 6d.	„
½ oz. Moulded Phials	.....	4s. 6d.	„
1 oz.	ditto.....	5s. 6d.	„
1½ oz.	ditto.....	6s. 0d.	„
2 oz.	ditto.....	7s. 0d.	„

NOTICE.—S. ISAACS & SON beg to return their sincere thanks to the Medical Profession for past favours, and beg to inform them that in consequence of the great increase in their business, they have removed to more extensive premises, and hope by adhering to their usual attention and punctuality to receive a continuance of their favours at their new London Warehouses, 24 and 25, Francis Street, Tottenham Court Road. Packages free. Remittance on receipt of Goods Post-office Orders payable to S. ISAACS and SON, at the Post Office, Tottenham Court Road. Bankers—Unity Bank.

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COMPRESSIONAL APPLIANCES, Registered, to be obtained only at No. 11, DAVIES STREET, BERKELEY SQUARE, W., and at No. 11, RUE DES BEAUX ARTS, PARIS, and through Medical Practitioners.

Mr. BOURJEAURD, in submitting the accompanying Diagrams, presents his best thanks to the Members of the Medical Profession for their unceasing support of his invention of the Spiral Elastic Compressional Principle in Surgical Appliances, and for the continuance of recommendations in all parts of the kingdom. At the same time, he feels it incumbent upon him to remind his friends, that this Invention was registered by him in February 1848, and, immediately after, advertised in the Medical Journals; thus affording an undeniable contradiction to the assertions of the appropriators of his principle, who have never appeared till within the last three and a half years, and yet style themselves Patentees, Registrars, etc., of the Spiral Principle. Mr. B. having served as Surgeon in the French Navy has had great experience in bandaging; he has likewise been established eleven years in London, confining his attention entirely to cases indicating the necessity of compression; and begs leave to state that it is his firm impression that Patients should have the assistance of their Medical Attendant whenever the Spiral Elastic Bandages are applied, or otherwise should be attended by himself, as it must be admitted to be exceedingly hazardous for the suffering to entrust their limbs or cases of Hernia to persons totally ignorant of anatomical or physiological laws.

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St. George's Hospital Medical School.

—The WINTER SESSION will commence on MONDAY, the 1st of OCTOBER, with an INTRODUCTORY ADDRESS by Dr. PITMAN, at 2 p.m.

LECTURERS.

Practice of Physic—Dr. Pitman.
Practice of Surgery—Mr. Tatum.
Descriptive and Surgical Anatomy—Mr. Pollock and Mr. Gray.
Physiology, General and Comparative Anatomy—Mr. A. Johnson.
Chymistry—Dr. H. M. Noad.

The Hospital contains 350 beds. Clinical Lectures will be delivered every week by one of the Physicians and Surgeons.

A Ward is devoted to Diseases peculiar to Women. Pupils have ample opportunity to attend Midwifery cases.

Fees for Hospital Practice and Lectures to qualify for

The College of Physicians....	£81 18s.
The College of Surgeons	£87 3s.
The Society of Apothecaries..	£67 4s.
The College of Surgeons and Society of Apothecaries ..	£96 12s.

Pupils who prefer to spread the payment of the fees for the College and Hall over a period of three years, may do so, by payment of £42 the first year, £42 the second year, and £12 12s. the third year. Perpetual Pupils of the Surgeons, have to pay an additional sum of 30 guineas the first year; or of the Physicians, 8 guineas. Separate Entries may be made to any one Course of Lectures, or to the Medical or Surgical Practice.

Perpetual Pupils of the Surgeons are alone eligible to be Assistant House-Surgeon for six months, and House-Surgeon for twelve months, without additional fee. Students of this Hospital are eligible to the office of Obstetric Assistant, who resides and boards in the Hospital, with a salary of £100 a-year. The Obstetric Assistant gives instruction in Vaccination.

EXHIBITIONS AND PRIZES.

The William Brown Exhibition of £40 per annum, tenable for three years, will be open to Students entering to the Hospital as Perpetual Pupils during the Winter Session 1860.

The following Prizes will be offered at the termination of the Session, viz.—

The Thompson Silver Medal, for Clinical Reports.
Sir Charles Clarke's Prize for Good Conduct.
Sir Benjamin Brodie's Prize for Surgical Reports of Cases.
Mr. Lewis Powell's Prize for Medical Reports of Cases.

A Prize of Twenty Guineas, for general proficiency in Medical Studies, for Students who enter to the Hospital Medical School for the Session 1860.

And for the encouragement of Clinical Study—

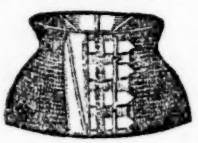
A Prize of Twenty Guineas, for Surgeons' Pupils in their second year.
A Prize of Twenty Guineas, for Physicians' Pupils in their second year.

*** Further information may be obtained from Mr. Pollock, the Treasurer of the School; or from Mr. Hammerton, the Resident Medical Officer of the Hospital.

J. & E. BRADSHAW, late

Shoolbred and Bradshaw,

34, JERMYN STREET, beg to call attention to the various improvements in PATENT ELASTIC STOCKINGS, BELTS, KNEE-CAPS, SOCKS, and Ladies' and Gentlemen's SPINE SUPPORTERS. A new description of BELT, invaluable for prevention of Cholera, and the cure of Rheumatism, Lumbago, etc. N.B. Every description of INDIA-RUBBER BANDAGE, vulcanized on the newest principle.



Directions for measurement sent by post—N.B. A liberal Discount to the Profession.

A female to attend on Ladies.

PULVIS JACOBI VER, NEWBERY'S.

GENTLEMEN,—We beg to call your attention to the following paragraph by "*J. Cheyne, M.D, Physician to the Hardwicke Fever Hospital, Dublin, in his paper on the virtues of James' Powder in the Apoplectic Diathesis*:"—

"She began a course of James' Powder in the latter end of September: the first night she took only two grains, and every succeeding night an additional half grain, till the dose amounted to twenty grains. She took *twenty grains every night for five weeks*, when she found herself so well that she discontinued the medicine."—"*Dublin Hospital Reports*," *vol.* I. *p.* 319.

To secure the dispensing of the *original* preparation, which, for 114 years, has been sold by the Newbery family in St. Paul's Churchyard, it is necessary to prescribe it as "*Pulvis Jacobi Ver, Newbery's*," otherwise another article (wanting in the best properties, and recommended to be given in a different code of dose, *though called by the same name*), will be substituted for the original medicine. This, of course, cannot but have an effect other than that expected, and will thereby lead the practitioner totally to discard it from his daily Pharmacopœia, as a preparation whereon no dependance can be placed. We hope the above extract will prove that when the genuine medicine is used, faith may be reposed in it.—Yours faithfully,

F. NEWBERY & SONS.

45, St. Paul's Churchyard.